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Which Field of Practice Is Most Satisfying?



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1, Derome, L.: Canad. M. A. J. 69:532, 1953. 2. Hardin, J. H., et al.: South. M. J. 47:1190, 1954.

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# **Medical Economics**

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, NOV., 1956

#### SPECIAL FEATURES

#### Which Field of Practice Is Most Satisfying? ..... 102

Who likes his work better? The psychiatrist or the OB man? The internist or the G.P.? Here is a unique study of career satisfactions

#### Yardsticks for Your Practice 109

The third in a series of reports based on MEDICAL ECONOMICS' 8th Quadrennial Survey, to which 10,919 physicians contributed data

#### Doctors' Income From Health Insurance Plans 110

It varies surprisingly by region and by specialty. And its rate of growth lags behind that of doctors' earnings from other sources

#### Physicians' Collections 120

Back in 1935, the typical M.D. collected only three-fourths of his accounts. These charts and tables show how far he's come since then

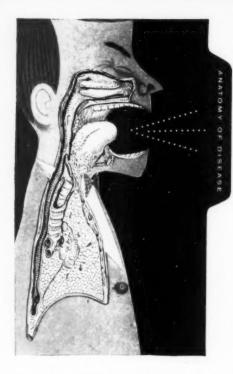
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They gross three to four times as much as the typical M.D. But they also work harder and spend much more money on their practices

MORE

Published monthly and contents copyrighted 1956 by Medical Economics, Inc., Oradell, N.J. Price 50 cents a copy, \$5 a year (Canada and foreign, \$6). Circulation, 145,000 physicians. Accepted as a controlled circulation publication at the Post Office at Rutherford, N.J.

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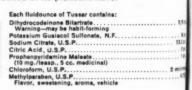
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#### SPECIAL FEATURES (Cont.)

#### 

They're throwing conservatism to the winds—at least where their new headquarters buildings are concerned. Here's pictorial proof

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#### 

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#### SHORT FEATURES

#### ANNOUNCEMENT

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Nicotinamide 5.0 m.
Vitamin Bre
0.75 micrograms
0.05 mg.

Hydrochloride (Bs) 1.67 mg. Calcium Pantothenate

1.0 mg. Ferrous Gluconate
(2.5 mg. iron) 21.6 mg.
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(83.3 mg. calcium)
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(0.5 mg. copper) 2.0 mg.
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(0.05 mg. iodine)
0.065 mg. In bottles of 100 and 500

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# News

#### Radiologist Calls X-Ray Risks Overpublicized

Recent news stories emphasizing the danger of medical X-rays have sparked some real public concern. But so far, "reaction has not been sufficiently serious or general to create much of a problem" for medicine. At least that's the view of Dr. Warren W. Furey, past president of the Radiological Society of North America.

He fears, though, that further publicity of the same type "may do more harm than good, because it may deter full utilization of the benefits of diagnostic X-ray procedure."

The current commotion over radiation arises from a National Academy of Sciences warning that excessive X-ray use could cause mutations in future generations and might even shorten a patient's life. As an example of typical lay reactions to such statements. Dr. Furey cites this incident:

A large group of Chicagoans

were about to take part in a chest X-ray survey program. Then doubts arose among them. "What about genetic effects?" some of them demanded.

The doctors in charge of the program explained:
(1) Only a negligible amount of radiation would reach the genital tract; (2) the good that could stem from chest X-rays would far



Furey

outweigh any possible harmful effects.

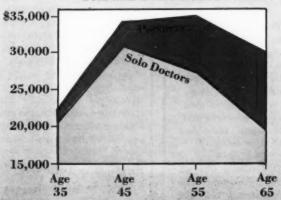
These explanations had to be documented with medical literature before the doubters were won over.

#### Partnerships Shown to Pay Off in Old Age

Doctors in partnership practice earn substantially more in their later years than solo doctors do. That's the chief finding of a study of 1,445 clients of Black & Skaggs Associates, a medical management firm that operates in eighteen states, mostly in the Midwest. The accompanying chart correlates age and income for the 1,106 solo doctors and the 339 partners studied.

As Black & Skaggs sums up the

#### Differences In Net Earnings: Solo M.D.s vs. Partners



Source: a Black & Skagge Associates' study of 1955 earnings among its professional management clients, according to age

MEDICAL ECONOMICS 'NOVEMBER 1956

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#### Snapshots

LION'S SHARE of the medical care dollar now goes to hospitals. They get 28 cents of each dollar John Q. Public spends for health; physicians get 27 cents. Never before has John Q. spent more on hospitals than on physicians.

HOW WELL DO YOU DRIVE? Probably not so well as people with low I.Q.s, one driver educator reports: "Doctors, lawyers, and scientists do worse behind the wheel than people with nothing much on their minds." He suggests special driving courses designed for the intelligentsia.

V.A. HOSPITALS are admitting more and more patients without a private physician's recommendation, the Idaho State Medical Association charges. And whenever these cases are listed as "emergencies." the veteran is never asked about ability to pay. V.A. rules need tightening on both counts, Idaho doctors have formally resolved.

NEW WAITING-ROOM AID: An ash tray with a deodorizing unit built into the bottom. It keeps the smell of dead cigarettes from bothering your patients.

results: "The average net [income of a solo doctor] increases in almost a straight line from his first year in practice until the age of 45. It maintains a plateau for the next six or seven years. Then it falls at about the same rate it increased in the early years."

Partners follow the same pattern at first: Their average net income increases at a fairly uniform rate up to age 45. But then they stay on a plateau of high earnings for fifteen to twenty years. And when their income finally falls off, it does so a bit more gradually than does the income of the solo practitioner.

"Our studies indicate that after age 50 the average partner earns from 20 to 25 per cent more than a non-partner," Black & Skaggs concludes. "In dollars, this could represent \$4,000 to \$5,000 a year over a period of ten to fifteen years."

Note that the figures charted do not represent the year-to-year experience of typical doctors. Instead, they reflect 1955 earnings of professional management clients according to age. Even so, Black & Skaggs believes that the relationships shown here apply nationally.

#### Physicians Told Why Silence Is Golden

Unguarded comments can cost you money if they make your patient think of suing his former doctor. The Montana Medical Association ual this OWI anc phy cau

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R M.E er t says that "a large percentage" of suits can be traced to doctors' casual remarks. So it gives its members this advice:

You "will promptly reduce your own premiums for liability insurance...if you and every other physician... will cooperate and be cautious in your remarks and actions while examining patients who have been treated by other physicians."

It's easy to say unthinkingly, in the presence of a patient who's dissatisfied with prior treatment, "I had a case like this and the results were excellent," the society remarks. But there's often an answer to such comments: "It comes... in the form of a subpoena." And whether it's served on you as a prospective witness or on the former doctor alone, you pay part of the cost in higher malpractice insurance rates.

### How Much Do Companies Pay Their Doctors?

Earnings of full-time industrial doctors range from less than \$6,000 to more than \$30,000 a year; but three-quarters of these doctors make from \$10,000 to \$15,000 a year. So says the National Industrial Conference Board on the basis of a recent survey.

Real income among industrial M.D.s is of course somewhat higher than the survey suggests. For

#### Snapshots

DOCTOR DRAFT won't be needed after next June, the Pentagon predicts. In six years the special law has helped put 30,000 doctors in uniform, many of them over regular draft age (35). Now the military services expect to get all the doctors they need through normal draft and reserve channels.

RADIOLOGISTS DIE five years sooner than doctors who haven't been exposed to radiation. That's the finding of Dr. Shields Warren after a long-term study. Average ages at death: 60.5 for radiologists, 65.7 for other doctors.

MALPRACTICE CASES are a headache for Uncle Sam, too. At least two dozen cases a year are being filed under the Federal Tort Claims Act for alleged negligence by Government doctors. One exservicewoman recently won a \$210,000 judgment.

APPOINTMENT CARDS being used by doctors in several states do double duty. On the front there's the usual space for name, date, and hour. On the back there's a plug for Blue Cross-Blue Shield. The cards are supplied by the health plans.

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you tient ctor. their salaries are usually supplemented by executive bonuses, profit-sharing plans, pensions, and other fringe benefits.

How about doctors who give only part of their time to industry? Their earnings are hard to compare, since such men are paid sometimes by the visit, sometimes in the form of a retainer fee, sometimes via a retainer plus an hourly rate. But in a limited sampling of hourly rates, the Conference Board has found that such rates range from \$3 to \$20. Nearly 80 per cent of the surveyed companies pay from \$6 to \$10 an hour.

There seems to be no logical reason why industrial salaries vary so widely. Locality and size of company, for instance, have little apparent relation to pay. N.I.C.B. reports that companies "in the \$10-an-hour-group...range in size from 310 to 15,000 employes...Fees in the lower brackets are paid in cities as large as Philadelphia and in small Midwestern towns."

### Treasury Tightens Up on Tax-Free Annuities

Quite a few doctors may be caught in a new tax squeeze under an official regulation just issued by the Internal Revenue Service. The regulation drastically restricts the right of some physicians to build up a tax-free retirement fund.

As explained recently in MEDI-

CAL ECONOMICS,\* they've had that right for some years. Federal law authorizes qualifying non-profit organizations to set up individual tax-free retirement plans for full- or part-time employes. Under this law, a hospital can buy a doctor-employe an annuity and the annual premiums the hospital pays into the annuity won't count as taxable income to the doctor.

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But this path toward retirement security has now been partly closed off.

The new regulation declares that the annuity premiums will be considered taxable income to the doctor unless stringent conditions are met. Among them:

1. The doctor can't request that his present salary be cut by, say, \$1,000 a year and that this amount then be put into an annuity for him.

The doctor can't ask that the money he'd get as his next raise be put into an annuity instead.

3. The hospital can't put anywhere near as much into an annuity as it pays the doctor in salary. The Revenue Service suggests that an annual premium equal to about 10 per cent of salary would be acceptable.

The new regulation came as a surprise to tax experts, since it reverses an older regulation that the Treasury only last year indicated

<sup>&</sup>quot;Tax-Free Annuity, Anyone?" September, 1956.

would continue in force indefi-

One outstanding authority on pension law declares: "The new regulation flies in the face of the plain meaning of the law. Congressional records make it clear the committees that drafted the law had no intention of imposing such

conditions. The Revenue Service appears to be taking over the legislative function that belongs only to Congress."

What can doctors do about this new restriction?

"Let them challenge the validity of the regulation in the courts," this man advises. "They can present a

#### He's Everybody's 'Family Doctor'



You've probably seen this picture before. Some 40,000 copies have been hung in doctors' offices and hospitals since it first appeared in the Saturday Evening Post. But you probably don't know that the physician shown at the rolltop desk is the real thing. He's Dr. George A. Russell of Arlington, Vt., and he's sat for

three different portraits by his most famous patient, Norman Rockwell. Not surprisingly, this one is his faorite. It doesn't represent the only instance in which Dr. Russell has gained recognition, however. He was me of the founders of the A.A.G.P. Last year he was thosen Vermont's Doctor of the Year. And this year his tate society plans to honor him with a plaque recognizing his fifty years of service as a general practitioner.



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as a it reat the icated strong—and probably successful argument that the Revenue Service has given the law an interpretation Congress never intended."

#### 'Alien M.D.s Threaten Medical Standards'

Has the influx of foreign-trained physicians lowered our medical standards? The dean of the Faculty of Medicine at Columbia University believes it has. Too many Americans, Dr. Willard C. Rappleye fears, are now being "cared for by ... graduates of substandard [foreign] schools."

It's been predicted, he says, that "over 5,000 foreign-trained physi-

cians will enter the country this year," as against some 7,000 new graduates of American medical schools. "The situation is reminiscent of the diploma-mill era of fifty years ago," he warns.

This is the result, he points out, of a national policy that permits "immigration to this country of large numbers of displaced persons ... without requiring, in the case of physicians, sufficient evidence of their professional qualifications."

Can anything be done about it? The dean sees a possible solution to the problem in a recently proposed "Evaluation Service for Foreign Graduates." Such a service would be run jointly by the medical



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Superior control of infectious diseases through superior control of the changing microbial population is now available in a new formulation of tetracycline, outstanding broad-spectrum antibiotic, with oleandomycin, new Pfizer-discovered antimicrobial agent which controls resistant strains. The synergistic combination now brings to antibiotic therapy: (1) a new fuller antimicrobial spectrum which includes even "resistant" staphylococci; (2) new superior protection against emergence of new resistant strains; (3) new superior safety and toleration.

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Sigmamycin embodies a new concept in the use of antibiotics, for with this new synergistically active preparation, the development of refractory pathogens and their emergence as important sources of superinfection are more fully controlled. New superior safety and toleration—Sigmamycin brings to antibiotic therapy new superior safety, new unexcelled toleration because: (I) tetracycline, an outstandingly well-tolerated antibiotic, is formulated with oleandomycin, also known to be remarkably free of adverse reactions; (2) the synergism between oleandomycin and tetracycline enhances

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**Supplied:** Capsules, 250 mg. (oleandomycin 83 mg., tetracycline 167 mg. Bottles of 16 and 100.

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profession, hospitals, educational bodies, and state licensing boards. But so far it remains a long way from realization.

#### Hospital 'Ultimatums' Inspire Rebellion

An old sore spot has flared up in a new place: Memphis doctors are up in arms over what an editorial in the Memphis Medical Journal calls the insulting "dictatorship" of local hospitals.

As an example, the journal prints copies of "ultimatums" received by a local doctor from the medical records departments of two of the city's institutions:

¶ "Dear Doctor: This is to notify you that you have one or more unfinished charts in your file which are now more than one month old. If these records are not completed by August 1, you will no longer be allowed to admit patients to this hospital."

"Dear Doctor: This is the first notice. In checking our files we find that you have one incomplete record. Please try to complete these records within the next week, since the next notice will be the final notice before your hospital privileges will be withheld."

These letters were sent to a physician "who has been on the staffs of these hospitals for over

### Dysmenorrhea:

"one third of all young women in America are afflicted with it."1

### Edrisal\*

A day or so before menstruation begins, prescribe 'Edrisal' for dysmenorrhea.

Two tablets every 3 hours

Analgesic—Antispasmodic—Antidepressant

Also: 'EDRISAL with CODZINE' (1/4 gr. and 1/4 gr.)
Smith, Kline & French
Laboratories, Philadelphia

1. M. Times 76:416. ★T.M. Reg. U.S. Pat. Off.



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6, N.Y.



Infantile eczema of 4 months duration



Skin cleared after only 13 days

## MAZON dual therapy

With MAZON soap, the treatment of choice for Eczema, Psoriasis, and other skin conditions not caused by or associated with metabolic disturbances.

Dispensed only in the original blue

Belmont Laboratories, Philadelphia, Pa.

forty years," the editorial complains. They illustrate "the rigid non-flexible rules now in effect in the hospitals, which, in part, are passed because of [Accreditation Commission requirements . . . "

M

Warning that "whole governments have been overthrown because of . . . autocracy," the journal says firmly: "Where regulations ... require that [doctors] be insulted because of a very minor infraction of a nonessential rule, they should be changed . . . Accreditation commisions and hospitals will be revolutionized if their autocratic trend goes too far."

#### 'The Doctors' Plan Needs Doctoring'

"Voluntary health insurance plans now in operation are not good enough. They have been abused by the doctors and by the public," says Dr. Eleanor B. Easley, until recently a member of North Carolina's Blue Shield advisory commit-

What's more, adds Dr. Easley. subscribers are becoming angry because of their "frustrated attempts to buy satisfactory protection . . And a part of [their anger] is directed toward doctors, because so far we have done little to help solve their problems."

Among these problems, Dr. Easley lists disallowed claims, cancellations of coverage, and unexpected surcharges. But equally troublesome MORE ON 367

Medihaler-Means self-powered, uniform, measured-dose inhalation therapy...

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Medihaler-Means true nebulization. Each measured dose provides 5 to 8 times as many particles in the ideal size range as conventional nebulizers...

Medihaler-Means an unbreakable Oral Adapter—no movable parts-no glass to break-no rubber to deteriorate...

Medihaler-Means effective medications in an inert aerosol vehicle, in leakproof, spillproof, plastic-coated bottles...

Medihaler—Utmost patient convenience-medication and Adapter together in plastic case, convenient for pocket or purse...

Medihaler-Means greater economy-no costly glass nebulizers to replace, and one inhalation usually suffices for prompt relief.

# UNIQUE MEASURED DOSE INHALATION METHOD

#### In Asthma

For Rapid Relief of Acute or Continuing Bronchospasm

#### Medihaler-t

Epinephrine 0.5% solution in inert, nontoxic aerosol vehicle. Each ejection delivers 0.125 mg. epinephrine.

#### Medihaler-Iso

Isoproterenol HCl 0.25% solution in inert, nontoxic aerosol vehicle. Each ejection delivers 0.06 mg. isoproterenol.

Medihaler-Epi replaces injected epinephrine in emergencies in which respirations have not ceased; provides rapid relief in acute food, drug, or pollen reactions (including urticaria, bronchospasm, angioneurotic edema, edema of glottis, etc.). In most instances one inhalation suffices.

#### Medihaler Oral Adapter

Note: First prescription should include desired Medihaler medication and Medihaler Oral Adapter.

Oral Adapter of hard plastic; no movable parts...foolproof... unbreakable; easily cleaned by rapid rinsing ... medication and Adapter fit into neat plastic case inconspicuously carried in pocket or purse...the smallest package for nebulization ever produced.



In Angina Pectoris

Medihaler-Nitro Medihaler-Nitro is 1% octyl nitrite

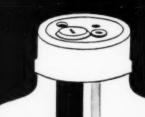
in nebulization form. Outstanding for the emergency relief of acute anginal pain. Each inhalation delivers precisely 0.25 mg. of octyl

All Medihaler medications are supplied in 10 cc. vials with metered-dose valves. Sufficient for 200 inhalations.

nitrite. By using the lungs as the most direct portal of entry, faster relief than from orally administered drugs is assured because of proximity of pulmonary and coronary circulations. Faster-acting than nitroglycerin. Less side effects than from nitroglycerin or amyl nitrite.

Only one or two inhalations necessary. One full minute should elapse between inhalations.

LOS ANGELES



now

the pilot tube is inside

#### NEW SERA-VAC°

with Sterile Vacuum Pilot Tube

blood bottle and tube are inseparableonly one label required

A major advance in blood bottle design, the unique SERA-VAC with its sterile, internal vacuum pilot tube offers these important advantages to hospitals and blood banks—

prevents errors—SERA-VAC's internal pilot tube cannot be mislabeled, interchanged, lost or broken.

saves time—SERA-VAC eliminates labeling and taping of pilot tube to bottle...one less tube to handle.

stores easily—SERA-VAC packs tightly and rotates easily for daily inspection.

improves clot retraction—SERA-VAC's pilot tube is warmed by blood around it...pilot tube blood cools more slowly.

products of

BAXTER LABORATORIES, INC.

Morton Grove, Illinois

DISTRIBUTED AND AVILABLE ONLY IN THE 27 STATES EAST OF THE POCKIES (except in the city of El Paus, Texa) THROW A MERICAN HOSPITAL SUPPLY CORPORATION SCIENTIFIC PRODUCTS DIVISION GENERAL OFFICES & EVANSION, ILLINGIA

#### NEW

# PEACE OF MIND TARAX

## WITHOUT DISTURBING MENTAL ACUITY

ATARAXIC IN LIQUID FORM PROMPT-ACTING, GOOD-TASTING



ATARAX SYRUP



Chicago 11, Illinois

FAST - begins to induce "peace of mind" within 15 minutes.1

EFFECTIVE—approximately 90% clinical response in anxiety and tension states. 1. 2. 3

WELL-TOLERATED—virtually no side effects are reported. No toxic action on liver, blood or brain.<sup>1, 2, 3</sup>

DOSAGE: Adults, usually one 25 mg. tablet or two tsp. Syrup, t.i.d. Children, usually one 10 mg. tablet or one tsp. Syrup, once or twice daily. Adjust as needed.

SUPPLIED: In tiny 25 mg. (green) tablets, and 10 mg. (orange) tablets, bottles of 100. ATARAX Syrup in pint bottles, containing 2 mg. ATARAX per cc.

References. 1. Farah, Luis: Int. Rec. of Med. & Gen. Prac. Clin. 189:379 (June) 1956. 2. Shalowitz, M.: Geriatrics, July, 1956. 3. Robinson, H. M. et al: J.A.M.A. 161:604 (June 16) 1956.

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distinguished record

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The pioneer among tetracyclines, AUREOMYCIN remains unsurpassed in anti-infective range, variety of application, effectiveness at low dosage.

# MITGIN

Hydrochloride Chlortetracycline HCl Lederle

Since its availability, more than a billion individual doses of AUREOMYCIN have been administered to patients throughout the world. Few therapeutic agents have been found as consistently effective against a wide group of diseases.

A convenient dosage form for every medical requirement.



LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK \*REG. U. S. PAT. OFF.

MEDICAL ECONOMICS · NOVEMBER 1996 31

# Postpartum Breast Engorgement Effectively Prevented With Estrogen-Androgen Therapy

#### **Dual Steroid Approach also Successful in Osteoporosis**

- Today up to 75 per cent of babies born in this country are not breastfed. Therefore, the physician is in increasing need of a simple and improved method of relieving postpartum breast engorgement and suppressing lactation.
- Osteoporosis also ranks high on the list of present day medical problems because of the increasing older population.
- In either condition, combined estrogen-androgen therapy produces a complementary metabolic response with little or no side effects.

In postpartum breast engorgement the rationale of therapy is explained as follows: During pregnancy, the high estrogen titer exerts an inhibitory effect on the anterior pituitary, thereby preventing the release of the lactogenic hormone, prolactin. Postpartum, the estrogen level drops off suddenly, and allows the release of the previously inhibited prolactin which is now free to initiate the flow of milk. Sex hormones restablish pituitary inhibition, thus arresting the lactating process.

In Fiskio's study,2 "Premarin" with Methyltestosterone effectively relieved postpartum breast engorgement and suppressed lactation in 96.2 per cent of his group of 267 patients. Notably absent were breast abscesses, nausea, vomiting, excessive lochia, withdrawal bleeding or virilization. Menses were reestablished after the normal six week period. The lack of mental depression during the puerperium was especially gratifying.

Osteoporosis results from impairment of osteoblastic activity, and
32 MEDICAL ECONOMICS NOVEMBER 1956

gonadal hormone decline is possibly the most prevalent cause. Estrogen stimulates osteoblastic activity and increases calcium and phosphorus retention, while androgen exerts an anabolic or protein-forming action. Prognosis for bone recalcification is good, providing therapy is continued for extended periods. The possibility of side effects is minimized because the two hormones exert an opposing action on sex-linked tissue.

Estrogen and androgen as combined in "Premarin" with Methyltestosterone provides a treatment of choice in osteoporosis.

Recommended Dosage: (Directions refer to yellow tablets.)

Postpartum breast engorgement—Short duration therapy— (on week) — 3 tablets every four hour for five doses — then 2 tablets dail for rest of weck. "Step-down therapy— (10 to 15 days)—1st di— 4 tablets; 2nd day — 3 tablets 3rd day— 2 tablets, thereafter, tablet daily for 10 to 15 days. It important to start therapy as soe as possible after delivery.

Osteoporosis: 2 to 3 tablets daily (In female, give in 21 day period followed by weekly rest interval Continue treatment for 6 to 1 months. Subsequently, patient may be managed on "Premarin" alone

Supplied in two potencies: Yellow to lets—each contains 1.25 mg. conjugate estrogens, equine ("Premarin") and img. methyltestosterone. Red tablets—each contains 0.625 mg. and 5 mg. respectively. Bottles of 100 and 1,000.

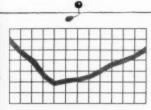
Bibliography: Available on request.

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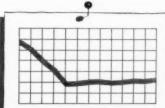
New York, N. Y. . Montreal, Canada

(USE

# What is the best way to lose weight?



What happens to your obese patients AFTER their hunger is suppressed? It's true, amphetamines and similar drugs no kill hunger pangs and no help many patients cut the amount of food caten. BUT . . . USE OF APPETITE DEPRESSANTS IS A HALF-MEASURE!



Obesity demonds nutritional care. That is why you are urged to try the DIETENE DIET that promotes weight loss through sound nutrition... assures patient cooperation... encourages the sensible eating habits necessary to maintain ideal weight.

# Try the DIETENE DIET

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(USE COUPON BELOW)

Whatever program you now follow, the DIETENE DIET assures you a safe, more natural way to give New help to obese patients. It is based on Instant DIETENE, the only reducing supplement approved for advertising in the Journal of the American Medical Association.

The DIETENE DIET promotes weight loss through nutritional therapy alone. Patients receive full nutritional support through a dietetically correct 1000-calorie diet and between-meal DIETENE milk shakes. Safe for cardiacs and hypertensives.



-	SEND	FOR	FREE	DIETENE	AND	DIET	ANALYSIS
,							

THE DIETENE COMPANY
3017 Fourth Ave. So., Minneapolis 8, Minn.

PLEASE SEND ME—FREE—a one pound can of INSTANT DIRECTOR Reducing Supplement (regular \$1.89 size) and an analysis of the DIETENE DIET (Free supply of DIETENE DIET SHEETS included.)

Name Address

State

MEDICAL ECONOMICS : NOVEMBER 1956 33

### **HEPATITIS**...in your office?

It has been estimated that up to 6 per cent of the population may be carriers of virus B (serum hepatitis).†

YOUR PATIENTS ARE ENTITLED TO COMPLETE PROTECTION FROM CROSS-INFECTION

Be Safe - Be Sure

### **AUTOCLAVE**

Only in an autoclave can you achieve complete sterilization of unwrapped instruments in 3 minutes at 270°F (27 lbs.) or 10 minutes at 250°F (15 lbs.).

These high speed Pelton models are self-contained and easy to operate, assuring certain destruction of bacteria. Instruments, gloves, fabrics and solutions can be accommodated with complete safety. Call or write today for literature on Pelton autoclaves.

\*Now in 2nd place on U. S. Public Health Service List of Selected Notifiable Diseases.

†"The Management of Viral Hepatitis," by Hyman J. Zimmerman, M. D., Journal of American Academy of General Practice, June 1955



(FL2-6" x 12" chamber)



(HP-2—8" x 16" chamber)

Also Model LV-2 12'' x 22'' chamber



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CHARLOTTE 3, NORTH CAROLINA
Fine Professional Equipment Since 1900

CHAS.



# Smooth-Working Combination

### TO HELP CORRECT CONSTIPATION Antacid • Laxative • Lubricant

Magnesium Hydroxide plus pure mineral oil make Haley's M-O a smooth working antacid-laxative-lubricant that efficaciously relieves constipation and the attendant gastric hyperacidity. The oil globules in Haley's M-O are minutely subdivided to assure uniform distribution and thorough mixture with intestinal contents. Oil leakage is avoided and a comfortable evacuation is effected through stimulation of normal intestinal rhythm and blunted defecation reflex.



SUPPLIED: Bottles of 8 oz., 1 pint, 1 quart.

CHAS. H. PHILLIPS CO. DIVISION of Steeling Drug Inc. 1450 Broadway, New York 18, N. Y.

MEDICAL ECONOMICS · NOVEMBER 1956 35

er)



#### Dinner at eight?

Dinner at eight... if then. It's almost six now. Four patients in the waiting room. Three house calls, and then the hospital. It's not new, but no one ever really gets used to it.

There's no simple answer to the problem, but there is one thing you can do, right now. See to it that your examining rooms are as productive as they should be, as pleasant as possible for you and your patients. New Hamilton examining room furture can be a simple step in the direction. Equipment designed to as a few minutes out of every office has . . . styled to give you a lift right through the day.

Ask any doctor who's recently requipped with Hamilton. Better reask your Hamilton representative.

Hamilton

Doutstanding professional furniture for the doctor's office

YIIM

#### Now-reach for a

## Kleenex tissue

in the pure white professional box



MEDICAL ECONOMICS - NOVEMBER 1956

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#### Today your patients need not be

in All Walks Of Life

Women in all walks of life find TAMPAX intravaginal tampons a more comfortable, improved method of menstrual hygiene, permitting uninterrupted pursuit of their activities.

Enthusiastic approval by the medical profession, as well as continued use by innumerable thousands of patients, indicate the high degree of satisfaction inherent in the TAMPAX technique of absorption of the menses. Three Absorbencies: Regular, Super, and Junior

COMFORTABLE - CONVENIENT - SAFE PROFESSIONAL SAMPLES ON REQUEST

the intravaginal menstrual guard of choics

TAMPAX INCORPORATED . PALMER, MASS. ME-116

38 MEDICAL ECONOMICS · NOVEMBER 1956

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Sm #T.N



"Troph-Iron" is a delicious appetite- and growth-stimulating preparation that *children actually enjoy taking*. Just one teaspoonful a day supplies more than the entire daily requirement of vitamins  $B_1$  and  $B_{12}$ , plus iron to encourage optimum hemoglobin levels.

Smith, Kline & French Laboratories, Philadelphia

\*T.M. Reg. U.S. Pat. Off.

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# because TACES

# in body banks ...the menopause isn

Radioautographs
prove
unique
TACE
fat storage\*



\*Tests performed for The Wm. S. Merrell Company by an ipendent radiological laboratory. Radioactive iodine supplied but. S. Atomic Energy Commission, Oak Ridge National Laboratory.



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tion of omental fat containing TACE ged with I131 (A) leaves ioautograph evidence (B) of CE storage in body fat. a control study I131 was administered hout TACE. There was no evidence the iodine in any of the body fat depots. dioautographs prove that TACE tored in "body banks," supporting the bioassay findings Greenblatt1 and Thompson.2

Laboral Peenblatt, R. B., and Brown, N. H.: Am. J. Obst. nec. 63:1361, 1952. 2. Thompson, C. R., and er, H. N.: Proc. Soc. Exper. Biol. & Med. 77:494, 3. Woodhull, R. B.: Obst. & Gynec. Surv. 3:201, 4. Ausman, D. C.: Wisconsin M. J. 41:190, 1954. kers, W .: Scientific Exhibit, Southern Med. Asallas, 1952. 6. Benson, R. C., and Garetz, J. W.: a. Endocrinol. 13:258, 1953. 7. Allen, W. M.: lymposium, January, 1952. 8. Editorial: Mans of the Menopause, J.A.M.A. 158:566, 1955. erds, B. E.: J. Indiana M. A. 47:869, 1954. Mam, J. S.; Hunter, G. W., and Darne, C. B.: Endocrinol. 14:272, 1954. 11. Nulsen, R. O.; W. B., and Hendricks, H. O.: Am. J. Obst. & 65:1048, 1953.

The only oral estrogen giving prolonged relief for months after cessation of therapy. An average duration of relief from menopausal symptoms of 2.95 months after discontinuance of TACE therapy has been reported.3 This prolonged response to TACE encourages adaptation to the normal postmature state, so that further courses of therapy are not usually required.4

The only oral estrogen that is released from fat depots1-7 simulating ovarian secretion. The unique fat-storage property of TACE produces a clinical response free from the gross variations in estrogen stimulation common with other estrogens.3 Symptomatic relief is steady and measurable, subjectively and objectively.3-5, 10

TACE, only orally administered, is notably free from pituitary activity and other side effects. In four series, totaling 257 patients, 250 TACE-treated cases experienced no withdrawal bleeding.1-9,11

Only TACE has all three requirements for effective hormonal treatment in the menopause.8 1. Long-acting-TACE is the only long-acting orally administered estrogen. 2. Orally administered-TACE is administered only by mouth and stored in body fat.1 3. Inhibits pituitary activity-in experimental animals TACE has less tendency to produce pituitary hyperplasia than other estrogens.9

Supplied: Capsules containing 12 mg, TACE, in bottles of 70 and 350.

Average TACE dosage: 2 capsules daily for thirty days. Severe cases may require additional short courses.

A 15-minute color film, with sound, on the endocrine trigger mechanism of lactation is available for your use. The film, titled "TACE for Suppression of Lactation," was prepared with the assistance of Robert W. Kistner, M.D., Assistant in Gynecology, Harvard Medical School, Boston. For use of the film, write: Department of Professional Service, The Wm. S. Merrell Company, Cincinnati 15. Ohio: or contact your Merrell Service representative.

THE WM. S. MERRELL COMPANY New York · CINCINNATI · St. Thomas, Ontario

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# Letters

#### No Time to Diagnose

Most of our health plans give adequate coverage for surgery. But none of them provides sufficiently for preventive medicine and for the detection of disease.

Is the practice of medicine to deteriorate to a point where it's no longer financially feasible for a doctor to be interested in diagnostic medicine?

You recently reported that Wisconsin's "Blue Sky" Blue Shield plan will pay up to \$3 for office calls. Well, my associates and I have found that it actually costs us an average of \$3 to give adequate service to a single patient. So at \$3 a call we would net precisely nothing.

If that's all a doctor can get from an insurance plan, he'll soon be tempted into giving five-andten-cent-store service. For he'll be able to make out financially only by barely taking care of the patient's complaint and by skipping diagnostic medicine completely.

This condition has come about,

in my opinion, for one simple reason: G.P.s charge too little.

George H. Lemon. M.D. Toledo, Ohio

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#### Taxpayers' Money

Sirs: Not long ago, a Montana doctor wrote you about the Government's program to pay for civilian hospital and medical care of servicemen's dependents. "Why," he asked, "don't we raise the pay of military personnel so they car take care of their medical bill themselves?"

The answer should be obvious Not all servicemen have depend ents. Of those who do, only a fee incur much medical expense in an one year. So it costs much less for the Government to foot such med ical bills than it would to increase the pay of all servicemen . . .

John H. Schaefer, M.D. Los Angeles, Calif.

SIRS: Your recent article on V.A. free-loading points up some of the flagrant techniques used by ex-

servicemen to "live off the Government." But anyone who's been connected with the V.A. could add others.

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For example, a few weeks ago I saw a man who for thirteen years had been receiving a pension of \$230 a month because of a supposed amyotrophic lateral sclerosis. When I examined him, I found he was in excellent health—and working full-time as a physical education instructor!

M.D., Maryland

#### **Malpractice Limits**

Sirs: Your report on the amounts of malpractice insurance carried by typical physicians in selected specialties was most enlightening. But I couldn't help wondering about some of the other specialties—physical medicine, for instance. Do you have any figures on it?

Henry A. Davidson, M.D. Cedar Grove, N.J.

We do. Median malpractice insurance limits in twelve more specialties have now been computed. These weren't included in the first report because returns from all fields couldn't be tabulated by press time. The figures given below show coverage per claim and coverage per year for the typical self-employed specialist in each field listed.

Allergy
Cardiovascular disease
Gastroenterology
Industrial practice
Neuropsychiatry
Neurosurgery
Pathology
Physical medicine
Plastic surgery
Proctology
Pulmonary disease
Thoracic surgery

#### **Social Security**

SIRS: I have just read a propaganda leaflet extolling the virtues of Social Security for physicians. It was sent to me by what you recently called the "left-leaning" Physicians Forum.

The Physicians Forum should be informed that there are still some

MEDICAL ECONOMICS · NOVEMBER 1956

Built-in tube protection

Simple, reliable circuit



# Ready For Demonstration at Your Dealer THE NEW RAYTHEON ULTRASONIC THERAPY UNIT

Here is a completely new Ultrasonic, designs with the features of convenience, reliability at performance you expect in your office or hospit equipment. It's at your dealer now. Ask for demonstration. There's no obligation.

Excellence in Electronics



RAYTHEON MANUFACTURING COMPAN

Commercial Equipment Division - Medical Salt

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doctors in these United States who retain enough self-respect and independence of spirit to believe that their security should be their own responsibility.

It appalls me to realize that a group of men, presumably educated and intelligent, should be willing to prostitute themselves by joining in the mob clamor for panem et circenses.

I suspect more than self-seeking behind this. I wonder how much of the activity of the Physicians Forum is motivated by the group that operates on Lenin's sentiments that the United States can be led to spend itself into oblivion.

I'm conveying my reactions to

as many other physicians and members of Congress as I can.

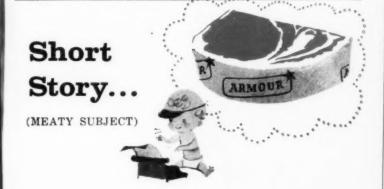
Alexander C. Johnson, M.D. Great Falls, Mont.

Sirs: ... If doctors turn out to be the only group who reject Social Security, they'll make themselves into a class apart.

This will confirm public suspicion that M.D.s are making too much money—which in the end will do more to socialize medicine than Social Security coverage ever could.

M.D., Florida

SIRS: I don't want to be put under Social Security. And I resent the



Only selected Armour cuts are used in Gerber Strained Meats for Babies. Careful processing results in high retention of valuable meat proteins, B-vitamins, minerals. Free of coarse sinew and connective tissue. Low fat value for easy digestibility. 8 varieties.

Gerbers Strained Meats

MEDICAL ECONOMICS · NOVEMBER 1956 45

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#### LETTERS

accusation of one of your correspondents that medical men like myself feel it's beneath our dignity to be classified with ordinary mortals.

What we do feel is that it's beneath the dignity of a man to be just a bee in a hive.

You and I can be forced into slavery. But it's when we think of slavery as a condition to be preferred or condoned that we're in greatest danger.

Duncan C. McKeever, M.D. Houston, Tex.

Sirs: ... I don't know of many doctors who would quit medicine at the age of 65 in order to collect \$4 a day in Social Security benefits. There are only two chances in five that a doctor will live to 65, anyway. If he dies before then, leaving no dependents, the taxes he has paid will be lost . . .

M.D., Illinois

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#### 'The Overburdened G.P.'

SIRS: Dr. Nelson Walker, the subject of your first "practice profile," has more years of practice ahead of him than behind him. So he should stop *thinking* of making changes in his office set-up and *do* something about it.

With adequate work space and additional help, he could cut his

the penicillin designed specifically

Comparison of stability of penicillin 6 and penicillin V in acid media.

MINUTES

after 10 min., 35%

after 30 min., 14%

PENICILLIN V

after 60 min., <1%

The panicillins have been subjected to a pH of 1.5 at 30°C, at the stated time

intervals. The percentages shown express the residual potency.

XUM

working day by at least half an hour. He could also stop working two of the three evenings he's now putting in every week.

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Oscar W. Gaarder Business Management Service Madison, Wis.

Sirs:...Since Dr. Walker is 43 years old, he should think about taking on an associate pretty soon—say, in about two years. Otherwise, as he approaches 50, the eighty-hour weeks are going to grind him down pretty fine . . .

Horace Cotton Professional Management Charlotte, N.C.

Sirs: A doctor can put out a lot

of energy until he reaches his early forties. Then he finds he must start conserving his strength or he'll be taking time out of his life span. Dr. Walker is now at that point. He's starting to use his head instead of his heels...

> J. P. Revenaugh Professional Business Management Chicago, Ill.

Sirs: Dr. Walker's personal savings are going mostly into life and disability insurance. It seems to me he's overly extravagant in guarding himself and his family against contingencies that will probably never arise. Meanwhile, in the process, he's denying himself the accumu-

#### for oral administration

# V-CILLIN

(PENICILLIN V, LILLY)

V-Cillin' is the only penicillin that passes through the stomach without significant loss of potency and is rapidly absorbed in the duodenum. Thus, 'V-Cillin' usually gives you a clinical dependability comparable to that of parenteral penicillin. In fact, the literature generally agrees that 'V-Cillin' can be effectively and safely used in many conditions previously treated parenterally.

DOSAGE: 125 to 250 mg. (200,000 to 400,000 units) t.i.d.

SUPPLIED: Pulvules-125 and 250 mg.

Pediatric suspension-125 mg. per 5-cc.

teaspoonful

Also, 'V-Cillin-Sulfa' (Penicillin V with Triple

Sulfas, Lilly) tablets

TH ANNIVERSARY 1876 . 1956 / BLI LILLY AND COMPANY

633098

'Thorazine' helps relieve the emotional stress that may complicate or even cause somatic disorders



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\*T.N

### DERMATOLOGY

'Thorazine' is of considerable adjunctive value in the treatment of many dermatological conditions—particularly in cases refractory to other forms of treatment. For example, good results have been obtained in neurodermatitis and many other itching or painful conditions.

The value of 'Thorazine' in dermatology lies in the ataraxic, tranquilizing effect of the drug. Therefore, the cases that respond most favorably to 'Thorazine' are those in which a strong emotional factor is present—either as a cause of the dermatitis or as a result of pain, itching or disfigurement.

### THORAZINE\*

'Thorazine' is available in ampuls, tablets and syrup (as the hydrochloride), and in suppositories (as the base).

Smith, Kline & French Laboratories, Philadelphia

\*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

#### LETTERS

lation of funds which, if invested wisely, could relieve him of some financial worries in later life and thus make his practice less arduous.

In other words, he needs a wellrounded investment program that will provide for the normal good things of life, while still protecting him in case disaster should strike.

John C. Post

Professional Business Management, Inc. Washington, D.C.

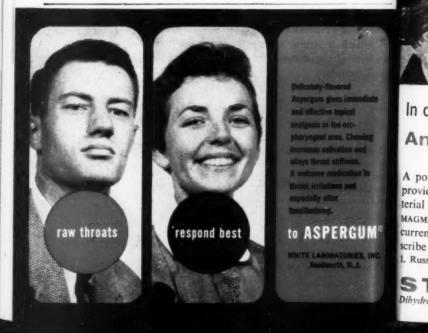
#### Medical-Card Carriers

SIRS: I agree with Dr. I. Phillips Frohman that every patient should be given a medical identification card, listing what has been done to him, why it was done, and what complications may exist. Eleven years ago, the Medical Record published a paper of mine that advocated much the same thing.

I suggested that a "health passport" be issued to every infant at birth. Also, that entries be made in it by every medical man who examined or treated him during his lifetime.

When a person died, I suggested, his health passport could be sent to a central agency for evaluation. In this way, I pointed out, we could accumulate a wealth of statistical material on the epidemiology, incidence, distribution, and course of diseases . . .

I believe that some such pro-



XUM



In diarrhea, consider these clinical constants...

#### Adsorptive **Antibacterial** Protective

A potent specific in susceptible infectious diarrheas, STREPTOMAGMA provides all these actions. In 387 pediatric patients suffering from bacterial diarrheas, it was "... noticeable, most definitely, that STREPTO-MAGMA stops the diarrhea sooner, more effectively, and with less recurrence." For routine management in other forms of diarrhea, prescribe KALPEC®—pectin with kaolin in alumina gel.

TREPTOMAGN

I. Russ, J.D.: Personal communication.

Dihydrostreptomycin Sulfate and Pectin with Kaolin in Alumina Gel Philadelphia 1, Pa.

### "Functional vomiting

should be carefully distinguished from organic vomiting. Grave consequences may follow if evidences of organic derangement... are masked by treatment designed to control vomiting alone."

Safety First in emesis therapy

Prescribe

# EMETROL

(Phosphorated Carbohydrate Solution)

First

SA

EMETROL will not suppress symptoms arising from organic etiology. It controls vomiting of functional origin quickly.

Dosage: Adults, 1 or 2 tablespoonfuls; infants and children, 1 or 2 teaspoonfuls, as often as every 15 minutes. Always administer undiluted, and forbid oral fluids for at least 15 minutes after each dose. Even if first dose is not retained, continue administration. If vomiting is not controlled within one or two hours, look for organic etiology. For individual dosage regimens in various indications, please send for literature.

1. Bradley, J. E.: Mod. Med. 20:12 No. 10, 1952.



KINNEY & COMPANY, INC. Columbus, Indiana

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gram could play a leading part in the progress of preventive medicine.

Alfred Joseph, M.D. New York, N.Y.

#### Doctor-Doctor Team

SIRS: In your article "If a Doctor Wed a Doctor," you missed a bet by not telling your readers about Dr. Joseph Carwin and his wife (she practices under her maiden name, Joyce Yerwood). These two Negro physicians are outstanding members of the medical community here in Stamford, Conn.

Dr. Carwin is currently president of the Stamford Medical Society. He is a member of the house of delegates of the state medical society and has served as chairman of numerous local civic groups. He has done much to interest the community in better housing for Negroes.

Dr. Yerwood is a member of the board of directors of the Stamford Hospital and of the United Fund. Twenty years ago, she founded a community center for Negroes and helped raise funds for it. Several local organizations have been named for her.

Once, when someone asked the Carwins' young son what kind of doctors his parents were, he answered: "The kind that help



Tempules

Controlled disintegration capsules of 30 mg. pentaerythritol tetranitrate (PETN). Also available, Pentritol-B Tempules with 50 mg. butabarbital added.

One PENTRITOL Tempule every 12 hours as-sures 24-hour protection from anginal attack in almost all patients. A 10 mg, release of PETN every four hours maintains continuous coronary vasodilation, eliminating all dan-gerous medication gaps. Only PENTRITOL Tempules offer the protection of 24-hour uninterrupted prophylaxis.

Write for literature and samples

the EVION CO., CHICAGO 13, ILL.

MEDICAL ECONOMICS · NOVEMBER 1956 53

#### LETTERS

people." This was certainly an apt description, as the people of Stamford can testify.

Leo Hymovich, M.D. Stamford, Conn.

#### **Indexing Tip**

SIRS: "How You Can Get More Reading Done" suggests that the secretary be given the job of clipping articles and collecting them into loose-leaf binders, labeled according to subject. Sounds finebut there's a catch: The classification is often far from obvious.

Not long ago, for instance, the Journal of the American Medical Association had an article entitled "Importance of Biological Research in Industrial Medicine." How would the typical Girl Friday go about indexing that one? Under "Biological" or "Industrial" or "Research" or (God help us) "Importance"?

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Actually, the article deals almost entirely with industrial toxins. Would any office girl, on her own, index it under "Toxicology" or "Poisons," where it belongs? I doubt it.

Before any doctor turns such an indexing job over to his secretary. he'd better sit down with her and go through a dozen journals. He'd better ask her how she'd classify each article and, if he disagrees with her answer, explain why. After a while, maybe she'll get the

because anemia complicates so many clinical conditions

serves a vital function in total therapy

Potent · Convenient · Economical

2 a day for all treatable anemias

In bottles of 60 and 500 pulvules. at pharmacies everywhere.



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# RECURRENT THROBBING HEADACHE complicated by NERVOUS TENSION G-I DISTURBANCES

For management of

ALL 3 aspects...

## NEW

# CAFERGOT. P-B

DOSE: 2 to 6 tablets at onset of attack.

Among 2,000 published cases— 90% relieved with Cafergot preparations:

Cafergot

**Tablets and Suppositories** 

Cafergot P-B

**Tablets and Suppositories** 

Cafergot P-B Tablet contains:
Ergotamine tartrate ..... 1 mg.
Caffeine ...... 100 mg.
Bellafoline 0.125 mg.
Pentobarbital Sod. 30 mg.



Sandoz PHARMACEUTICALS HANOVER, N. J.

MEDICAL ECONOMICS : NOVEMBER 1986

pattern of his reasoning and be able to carry on alone. If she's good and clever, that is.

> Herbert A. Boehm, M.D. Perth Amboy, N.J.

#### D.O.s Wanted

Sirs: Hurray for Dr. Frederick C. Smith and his prediction that before long osteopaths will be taken into the medical fold!

The osteopaths I've known are just as ethical and capable as M.D.s. The latters' pious talk about "protecting the patient" has a patently phony ring when it concerns competitors of equal professional training.

John Q. Public is beginning to wonder just whom organized medicine is *really* trying to protect . . .

G. Ernest Horsley, M.D. Madison, Tenn.

#### Embezzlement Problem

SIRS: "Should You Keep Double-Entry Books?" is an excellent article. But the author's statement that double-entry bookkeeping "provides a big psychological deterrent to the girl who may be tempted to 'borrow' from cash receipts" may lead some of your readers to think that this system is embezzlement-proof. It isn't.

If a girl is going to embezzle, slie usually does it by falsifying the daybook. As a book of original entry, the daybook isn't subject to the same verification that other records are. So if the aide doesn't enter a patient's payment there, the only way to catch it is to cross-check from case history to day-book to accounts receivable card. This is one problem that double-entry bookkeeping doesn't solve, unfortunately.

Millard K. Mills Professional Management Waterloo, Iowa

#### No More Highbrows?

Sirs: Time was when the physician (like the clergyman, the teacher, and the lawyer) was one of the intellectuals of the community. But now, judging by "The Doctor as a Sportsman and Hobbyist," his avocational activities can't be distinguished from those of the banker, the broker, and the advertising executive.

Don't doctors read Greek or write poetry any more? Aren't any of them amateur astronomers or mathematicians? Are there no experts in Early American antiques among the current disciples of Aesculapius?

Apparently American physicians are developing flat noses from relentless application to the grindstone of practice. Maybe Babbittry has finally claimed them, and the scholars are now yielding to the golf players.

Too bad!

M.D., New Jersey

ROBINS

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**SUPERIOR SPASMOLYSIS** 

> through provision of natural belladonna alkaloids in optimal: ratio, with phenobarbital

DONNATAL

Robins

Prescribed by more physicians than any other antispesmodic

ROBINS CO., INC., RICHMOND 20, VA. Phormaceuticals of Merit since 1878

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**Bennatal Tablets** Donnatal Capsules

Bennatal Elixir (per 5 cc.)

Hyoscyamine Sulfate . . 0.1037 mg. Atropine Sulfate . . . 0.0194 mg. Hyoscine Hydrobromide 0.0065 mg. Phenobarbital (¼ gr.) . . . 16.2 mg. Robins

**CABATHATX3 & LATAMOO** (Extended Action Tablets)

Each Extentab (equivalent to 3 Tablets) provides sustained 1-tablet effects...evenly, for 10 to 12 hours - all day or all night on a single dose.

Also available without phenobarbital component, as Donna® Extentabs®.

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for relief of cough two favorite formulas

Patients taking BENYLIN EXPECTORANT or AMBENYL EXPECTORANT for the first time. each of these widely prescribed medications combats underlying conditions tending to perpetuate the coughing cycle. Each provides demulcent and expectorant agents, plus antihistaminic-antispasmodic components, which: soothe irritated respiratory mucosa; dilute mucus for easier expectoration; lessen bronchial spasm; and relieve nasal congestion, sneezing, and lacrimation.



#### BENYLIN EXPECTORANT



#### AMBENYL EXPECTORANT



# "Active iron"...

an important characteristic

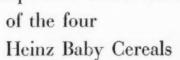
HEINZ Barley - barley flour, yeast, tricalcium phosphate, salt, iron, niaein. thiamine.

HEINZ Oatmeal-oat flour, dicalcium phosphate, salt, calcium carbonate, iron, niacin, thiamine.



HEINZ Rice - rice, vegetable shortening, yeast, tricalcium phosphate, salt, iron, niacin, thiamine.

**HEINZ Mixed Cereal Food** -oat, wheat and corn flour. yeast, tricalcium phosphate, salt, iron, niacin, thiamine.



- All four Heinz Baby Cereals are fortified with added nutrients to increase their value to the infant's diet. One of the most important of these is reduced, or ferrous iron.
- · Heinz calls this "active iron" and it's a development of Heinz Research.
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- Heinz Pre-Cooked Baby Cereals are backed by an 87-year-old reputation for high quality. You can recommend them with complete confidence.

### Heinz Baby Foods

THEIR PREPARATION IS OUR MOST IMPORTANT TRUST



Better-Tasting Kinds

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60 MEDICAL ECONOMICS · NOVEMBER 1956

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#### Yes, I taught grammar to your fatherand it seems like only yesterday!"



Time flies happily for the mature person in good health. To help keep these "senior citizens" fit and active, many physicians prescribe GEVRAL-a comprehensive diet supplement specially prepared for persons past 40. Each dry-filled GEVRAL capsule provides 14 vitamins, 11 minerals, and Purified Intrinsic Factor Concentrate.

SUPPLEMENT LEDERLE



filled sealed capsules for more rapid and complete absorption, freedom from after taste. A Lederle exclusive!

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LEDERLE LABORATORIES DIVISION AMERICAN CYANAMID COMPANY PEARL RIVER, NEW YORK

Each GEVRAL Capsule contains:			
Vitamin A	5000	U.S.	P. Units
Vitamin D	500	U.S.	P. Units
Vitamin B <sub>12</sub>			1 mcgm.
Thiamine Mononitrate (B <sub>1</sub> )			
Riboflavin (B <sub>2</sub> )			5 mg.
Niacinamide			15 mg.
Folic Acid			mg.
Pyridoxine HCI (B <sub>6</sub> )			0.5 mg.
Ca Pantothenate			5 mg.
Choline Dihydrogen Citrate			100 mg.
Inositol			50 mg.
Ascorbic Acid (C)			50 mg.
(as tocopheryl acetates)			10 1.0.
			-

Rytin Pyrified Intrinsic	25	8
Factor Concentrate	0.5	п
ron (as FeSO <sub>4</sub> )	10	8
odine (as KI)	0.5	
Calcium (as CaHPO <sub>4</sub> )	145	
Phosphorus (as CaHPO <sub>4</sub> )	110	0
Boron (as Na <sub>2</sub> B <sub>4</sub> O <sub>7</sub> -10H <sub>2</sub> O)	0.1	0
Copper (as CuO)		0
luorine (as CaF <sub>2</sub> )		
Wanganese (as MnO <sub>2</sub> )		
Hagnesium (as MgO)	. 1	Ą
otassium (as K <sub>2</sub> SO <sub>4</sub> )	. 5	ı
linc (as ZnO)	0.5	

Other Lederle geriatric products include: GEVRABON\* Vitamin-Mineral Supplement Liquid with a wine flavor; GEVRAL\* Protein Vitamin-Mineral-Protein Supplement Powder; and GEVRINE\* Vitamin-Mineral-Hormone Capsules.

magnified potency
with Meti-steroid
effectiveness in allergic
and inflammatory dermatoses

new

# Meti-Derm cream 0.5%

with METICORTELONE, original brand of prednisolone

approximately

twice the per milligram

anti-inflammatory activity

of topical hydrocortisone

- · cosmetically acceptable
  - · water-washable

for effective local relief of allergic (atopic and contact) dermatoses, nonspecific anogenital pruritus.

**formula**: Each gram of water washable METI-DERM Cream contains 5 mg. (0.5%) of prednisolone, free alcohol, in a cosmetically acceptable base.

packaging: METI-DERM Cream, 0.5%, 10 Gm. tube.

METI-DERM. "brand of predicisolone topical METI-CORTELONE." brand of predicisolone. ...and adding dual control
to Meti-steroid skin therapy—
protection
against infection

new

# Meti-Derm ointment

with Neomycin



enhanced effectiveness

in allergic, inflammatory

dermatoses when

minor infection

is present

or anticipated

neomycin in addition to prednisolone, free alcohol

-for protective coverage against virtually all pathogenic skin bacteria with a well-tolerated, topical antibiotic.

formula: Each gram of
METI-DERM Ointment with Neomycin
contains 5 mg. (0.5%) prednisolone,
and 5 mg. (0.5%) neomycin sulfate
equivalent to 3.5 mg. neomycin base.

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Little How to win friends



The Best Tasting Aspirin you can prescribe.

The Flavor Remains Stable down to the last tablet.

25¢ Bottle of 48 tablets (1¼ grs. each).

We will be pleased to send samples on request.

#### THE BAYER COMPANY DIVISION

of Sterling Drug Inc.

1450 Broadway, New York 18, N. Y.



your
patients
past 40
correct



# biliary dyspepsia & constipation

Rehfuss<sup>1</sup> has stated that after 40, constipation is "the greatest single medical problem" and Shaftel<sup>2</sup> reports on the exceptional clinical results of Caroid<sup>6</sup> and Bile Salts in chronic constipation typical of this age bracket.

These cases do not respond to laxatives alone because associated complaints of flatulence and indigestion point to biliary dysfunction and digestive impairment as factors coexisting with constipation.

Caroid and Bile Salts Tablets are ideally suited for broad coverage in these cases. Through their 3-way action, they:

- . INCREASE BILE FLOW
- IMPROVE DIGESTION
- PROVIDE GENTLE LAXATION

Tablets of Caroid and Bile Salts with Phenolphthalein have been clinically established and proved over the years. Try them in your next case of biliary dyspepsia and constipation.

Available - bottles of 20, 50, 100. For professional samples address:

American Ferment Company, Inc., 1450 Broadway, New York 18, N. Y.

CAROLD AND BILE SALTS toblets

1. Rehfuss, M. E.: Indigestion, Philadelphia, W. B. Saunders Co., 1943, p. 322.

2. Shaftel, H. E.: J. Am. Geriatrics Soc. 1:549 (Aug.) 1953.

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# PEACE OF MIND ATARAX® SYRUP



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now you can prescribe

# 4 sulfas

in a delicious suspension... no unpleasant aftertaste

# **DELTAMIDE**

THE PREFERRED QUADRI-SULFA MIXTURE

Suspension

Tablets

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AFTER MENT

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Try Deltamide in urinary tract infections. Action is rapid and side effects rare. Deltamide is economical for your patients. Finicky patients are on your side when you prescribe Deltamide Suspension. Its delightful synthetic chocolate-like flavor completely masks the taste of sulfas. Deltamide Suspension can safely be given to children and other patients sensitive to chocolate.

Each 5 cc. teaspoonful of the Suspension, or each Tablet, supplies:

Sulfadiazine 0.167 Gm.
Sulfamerazine 0.167 Gm.
Sulfamethazine 0.056 Gm.
Sulfacetamide 0.111 Gm.

Tablets: Bottles of 100 and 1000. Suspension: 4 and 16 oz. bottles.

When the situation also calls for penicillin-

DELTAMIDE w/Penicillin

Each tablet or 5 cc. of suspension contains—in addition—250,000 units of potassium penicillin G.

Tablets: Bottles of 36 and 100. Powder for suspension: 60 cc. bottles to provide 2 oz. of suspension by adding 40 cc. of water.



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A DIVISION OF ARMOUR AND COMPANY . KANKAKEE, ILLINGIS

# now together... for broader control

# NEW Vioform-Hydrocortisone

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antibacterial - antifungal - anti-inflammatory - antipruritic

An excellent combination for the control of eczematous eruptions, inflammation, erythema, edema, scaling and pruritus, Vioform and hydrocortisone is reported superior to either of its components used alone. "Symptomatic relief is frequently dramatic and complete as long as this treatment is continued." 1

Effective-where many other therapies fail . . .

1. Arnold, H. L., Jr.: Postgrad. Med. 16:492 (Dec.) 1954.

Supplied: Vioform-Hydrocortisone Cream, containing Vioform® (iodochlorhydroxyquin U.S.P. Ciba) 3% and hydrocortisone (free alcohol) U.S.P. 1% in a waterwashable base; tubes of 5 Gm. and 20 Gm.





9/2314W

BEFORE: Soap-andwater eczema with paronychial involvement, of several years' standing, resistant to coal tar and other ointments.

AFTER 7 DAYS' TREAT-MENT with two daily applications of Vioform - Hydrocortisone Cream. Note closure of fissures, subsidence of scaling, recession of edema.

CIBA

for PAIN ... buffered aspirin

under your professional control

tablets (RORER) Aspirin buffered with MAALOX®

for Arthritis . . . Myalgia . . . Neuralgia . . . Rheumatoid Pain [

#### WHY ASCRIPTIN?

1. ASCRIPTIN tablets are not advertised to your patients. Truly professional buffered aspirin, ASCRIPTIN is for use at the physician's sole discretion.

2. ASCRIPTIN tablets contain aspirin buffered with MAALOX® (the widely prescribed magnesium-aluminum hydroxide antacid), to produce higher, more effective plasma-salicylate levels than does ordinary buffered aspirin or plain aspirin -safely, more rapidly, and virtually without gastric intolerance.

#### RECENT REPORTS:

Aspirin preferred: 4 out of every 5 of more than 13,000 rheumatoid arthritis victims treated by members of the American Rheumatism Association were given aspirin. Only 18% received cortisone: 21% hydrocortisone (chiefly intraarticularly), phenylbutazone, 13%.

(GP, 12:69, November 1955)

Aspirin vs. Cortisone: After 2 years' study of rheumatoid arthritis therapy, an man1, official British study concludes, "...there has been remarkably little to choose between cortisone and aspirin in the 1955. T management of this group of patients." (Brit. Med. J., 2:695, Sept. 17, 1955)

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APPLY

RIASOL

Te

is indicated for safe, rapid relief of pain in arthritis. rheumatoid illness, myalgia, neuralgia ing, odo dysmenorrhea, grippe, head colds, simple headaches, and following surgery.

Each Ascriptin tablet provides: Acetylsalicylic acid 0.30 Gm. Maalox® 0.15 Gm. (Magnesium-aluminum hydroxide: Rorer Bottles of 100 and 500 tablets, at prescription pharmacies.

Sample on Request

Not advertised to the public.



VILLIAM H. RORER, Inc., Philadelphia, Pa.

# **ACANTHOSIS** . the basic lesion of **PSORIASIS**

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The mechanism of its mercurial content, themically combined with penetrating paps, explains the success of RIASOL in he treatment of psoriasis.

The basic lesion is known to be acanthosis Pain or excessive proliferation of the prickle-tells located in the stratum mucosm of the pidermis. Mercurials in very low concenration, as in RIASOL, inactivate the sulfhyryl enzymes and thus interfere with the years' ellular metabolism and function (Hellerpy, an man1, Barron & Kalnitsky2).

"Mercury compounds in suitable vehicles, re also extensively absorbed from the inhoose n the 955. The saponaceous vehicle of RIASOL arries the therapeutic mercury deep into 1955) he prickle-cell layer of the skin, where it estrains the abnormal cellular proliferaon and thus checks acanthosis.

RIASOL contains 0.45% mercury chemiicated ally combined with soaps, 0.5% phenol thritis and 0.75% cresol in a washable, non-stainralgia og, odorless vehicle.

simple APPLY daily after a mild soap bath and thorough bandages required. After one week, adjust to

tient's progress RIASOL is supplied in 4 and 8 fld. oz. bottles at armacies or direct.

Iellerman, L., Physiol, Rev. 17:454, 1937.
 Iarron, E. S. G. & Kalnitsky, G., Biochem. J. 41:346,

oodman, L. S. & Gilman, A., The Pharmacal Basis of terapeutics, 2nd ed., 1955, p. 970.

#### Test RIASOL Yourself



MAY WE SEND you professional literature and generous clinical package of RIASOL. No obligation. Write

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12850 Mansfield Avenue Detroit 27, Michigan



BEFORE USE OF RIASOL



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IASOL FOR PSORIA



#### 2 IBEROL Filmtabs a day supply:

#### THE RIGHT AMOUNT OF IRON

Ferrous Sulfate, U.S.P. . . 1.05 Gm. (Elemental Iron-210 mg.)

#### PLUS THE COMPLETE B COMPLEX\*

Bevigoral® . . 1 U.S.P. Unit (Oral) (Vitamin B12 with Intrinsic Factor Concentrate, Abbott)

Folic Acid . . . 2 mg.

Liver Fraction 2, N.F. . . 200 mg.

Thiamine Mononitrate . . . 6 mg.

Riboflavin . . . 6 mg.

Nicotinamide . . . 30 mg.

Pyridoxine Hydrochloride . . . 3 mg.

Calcium Pantothenate . . . 6 mg.

#### PLUS VITAMIN C

Ascorbic Acid . . 150 mg.

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(Intrinsic Factor Concentrate, B12, Iron, with other Vitamins, Abbott)

#### IS IRON PLUS

**Potent Antianemia** Therapy plus basic **Nutritional Support** 

#### 'The PLUS that makes the difference

Vilter reported that a diet rich in the B-complex vitamins should be prescribed when treating nutritional anemia, because of the importance of the B complex to cellular metabolic functions.

1. Vilter, Richard W., Am. J. Clin. Nut., 3:72, Jan.-Feb., 1955.

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The Original Alseroxylon

# Rauwiloid

for the Somatic

AND

the Psychic Phase of

## HYPERTENSION

In addition to its gentle antihypertensive action, Rauwiloid provides psychic tranquility and overcomes tachycardia. Thus Rauwiloid participates in both the somatic and psychic phases of therapy for hypertension. Treatment in all types of hypertension may begin with Rauwiloid. 80% of mild labile hypertensives require no additional therapy.

Dosage is definite and easy: two 2 mg. tablets at bedtime.





\*She won't have a blemish on her

Desiccate those unsightly, possibly dangerous skin growths with the ever-ready, quick and simple to use Hyfrecator. More than 100,000 instruments in daily use.

#### THE BIRTCHER CORPORATION

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Please send me your new full-color brochure showing step-by-step technics for removal of superficial skin growths.

Doctor.

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Makes her fancy for daintiness a fact in your prescription success.

# new!

Your patients will appreciate the new LANTEEN Easy-clean applicator for one simple but important reason—unlike other applicators it can be disassembled and cleaned thoroughly. This considerate improvement lets your patient know that you appreciate her fancy for daintiness, while you insist on her observing strict feminine hygiene. Another LANTEEN design for better patient-cooperation.

Easy-clean jelly applicator.



LANTEEN jelly, diaphragms, and jelly-diaphragm sets are distributed by George A. Beeon & Company, 1450 Broadway, New York 18, N. Y. (In Canada: E. & A. Martin Research Ltd., 20 Riples Ave., Toronto, Canada) Manufactured by Esta Medical Laboratories, Inc., Chicago 38, Illinois.

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"HQLOFAC"

In constipation..."the consistency of the stool is more important than the frequency of defecation or the quantity expelled."\*

> Cecil, R. L., and Loeb, R. F., eds.: A Textbook of Medicine, ed. 9. Philadelphia, Saunders, 1955. p. 880.

MOLOFAC

Squibb Dioctyl Sodium Sulfosuccinate

relieves or prevents constipation by softening the stools

Molofac softens stools by lowering surface tension in the intestine, permitting water to mix more thoroughly with the fecal matter. Molofac fosters natural, spontaneous defecation . . . it is not a laxative or a cathartic.

In mild constipation—Adults and older children: 1 or 2 capsules daily. Children 6 to 12 years old: 1 capsule daily.

In more severe constipation—Adults and older children: an initial dose of 2 capsules twice daily for three days, with 1 or 2 capsules daily thereafter. Increased dosages may sometimes be required.

NOTE: The stool-softening effect of Molofac is usually evident 1 to 3 days after the beginning of treatment.

Supply: Bottles of 30 and 100 capsules. Each clear, red, one-piece capsule contains 60 mg. of dioctyl sodium sulfosuccinate.

SQUIBB



Squibb Quality-the Priceless Ingredient

"HOLOFAC" IS A SQUIBB TRADEMARK

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# Views

#### **Conservative Investing**

"I suppose I could try to build up a portfolio of stocks," muses the doctor. "But I'm not much of a gambler. I'd be afraid of losing."

That's a quote from a G.P. who was profiled last month in MEDICAL ECONOMICS. He owns \$150,000 worth of life insurance, puts his surplus earnings into Government bonds, and never buys stocks.

It seems to us that this man is more of a gambler than he realizes:

He's gambling that inflation has been finally and forever checked. If it hasn't been checked, the dollars he gets back from his endowment policies and matured bonds will be worth a lot less than the dollars he put into them.

Almost every older doctor has learned through experience that it's safer to keep some savings where they'll rise with the tide. Even our endowed universities have learned this, Such schools as Cornell, Harvard, Johns Hopkins, and Princeton now keep from half to two-

thirds of their endowment funds in common stocks.

That's conservative investing, as our conservative universities see it. And as we see it too.

#### Doctors vs. Bricklayers

"Union bricklayers in New York City have a new contract," we read recently. "It gives them an increase to \$4.25 an hour as of next January 1."

This got us wondering: How do doctors' earnings compare when computed the same way?

Last month you read in these pages that the typical family physician netted \$14,817 before taxes in 1955. To most working people, this would sound like "big money."

But is it? Let's look at our typical family physician the union way:

He works sixty hours a week, according to our latest survey. Twenty of these hours must be counted as overtime; perhaps four of them represent Sunday work. Allowing time-and-a-half for overtime and

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If he takes two weeks' vacation during the year, his pay credits for the rest of the year add up to 3,600 hours. Divide this figure into his annual net income \$(14.817) and you get the equivalent of hourly base pay.

It turns out to be \$4.12 an hour —or 13 cents less than New York bricklayers will get beginning January 1.

Now, we have nothing against bricklayers—or against plumbers, carpenters, or electricians either. Like Americans in general, we're sold on the idea that skilled craftsmanship deserves a skilled craftsman's pay.

The thing to be regretted is that Americans haven't been sold on the idea that *the doctor* is netting no more than that. If they took into account the extra hours the doctor works, they'd find that his hourly returns fitted right into the union pay scale.

And what working man would say that a union pay scale provides "big money"?

#### How to Be Famous

Want to be revered in the year 2,000? Want persons not yet born to crowd around hi-fi sets not yet built—and listen admiringly to a recording of *your* voice? There's an easy way to arrange it:

Go West. When you get there, join the obstetrical staff of the California Hospital of Los Angeles. Then let fame take its course.

It seems that every time a baby is born in the California Hospital (it happened 2,405 times last year), attending physician and baby cut a phonograph record. The idea is to record the child's first cries for the benefit of its parents. But the M.D. steals the show.

The prepared script, with which each lucky physician is furnished, goes like this:

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Dr. Blank calling Mr. Proudfather. THE BABY: Wa-a-a-a!

You: You have just heard the voice of your baby boy, born at the California Hospital at 2:16 P.M., Nov. 1, 1956, and weighing nine pounds, four ounces.

THE BABY: Wa-a-a-a!

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The records are presented free to respective parents. At the rate of 2,500 a year, there'll be more than 100,000 such discs at the end of the century. Each will be a passport to posthumous fame for some Los Angeles doctor—assuming he doesn't blow his lines.

How to meet such competition? Well, maybe the rest of us had better buckle down and write more journal articles than ever before. (By the by, there's still time to win a 1956 MEDICAL ECONOMICS Award for such an article. An announcement elsewhere in this issue suggests the way to do it.)

#### **Business Consultants**

Several hundred readers each year ask this magazine for information about medical business consultants;

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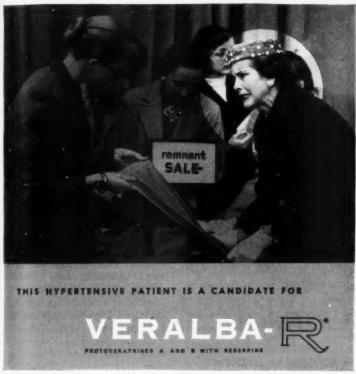
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MEDICAL ECONOMICS · NOVEMBER 1956 83



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contains the new antitussive, Narcotine . . . up to 6 times more effective than codeine.1 non-addicting and safe.

soothing relief for patients with "wet" or "dry" cough . . . of colds, simple irritants and allergic cough. \*also available: handy Consolets troches. Bickerman, H. A. and Barach, A. L.: Am. J. Med. Sc. 228:156, 1954.



THE WM. S. MERRELL COMPANY New York . CINCINNATI . St. Thomas, Ontario

TRADEMARKS: "CONSOL", "CONSOLETS"

more often than not, the inquirer isn't sure just what sort of consultant he wants.

Recently, for example, we got a letter from a doctor in one of the big Eastern suburban areas. "How can I locate a man to advise me on my practice?" he asked. "He should be an expert on taxes and finance. But I'm not looking for an insurance or investment counselor. What I want is someone with no axe to grind, someone who underständs doctors' problems. And I'd like it if he knew something about office management. Where do I find him?"

As we told the writer, three different kinds of men can give him at least some of the help he's seeking: a lawyer, a certified public accountant, a medical management consultant. Each has a separate but overlapping set of skills to offer.

Lawyers belong to a profession that's almost as old as medicine itself. Their historical job has been. of course, to represent litigants in court and to give legal advice. It still is. But in recent years some lawyers have become tax consultants primarily. Some have become general business consultants to industry and to other professional men.

Certified public accountants belong to a much younger profession. Strictly speaking, their job is 10 prepare financial statements (including personal tax returns) and to set up accounting systems. But, practically speaking, many C.P.A.s

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Medical management consultants practice one of the newest of all professions. There are only a few hundred of these men in the country. They have no formal board of licensure, as doctors, lawyers, and C.P.A.s do.

What they do have is a unique knowledge of the problems of medical economics. Whereas lawyers and C.P.A.s offer their advice to all comers, the medical management man limits his practice to physicians (and sometimes to dentists). He's accountant, adviser on broad legal problems, and efficiency expert rolled into one.

So whether you consult a lawyer, a C.P.A., or a medical management man depends on the nature of your problem. For highly specialized legal or financial work, you'd naturally engage a lawyer or a C.P.A.

But for an analysis of your daily practice, for help with a "normal" income-tax problem, or for basic advice on forming a partnership or laying out a new office, you'd probably want a medical management specialist.

How do you find him? One way is to write this magazine. As a matter of policy, we never recommend particular firms of consultants. But we do maintain a list of men known to be operating in the field. We'll be glad to send it to you on request.



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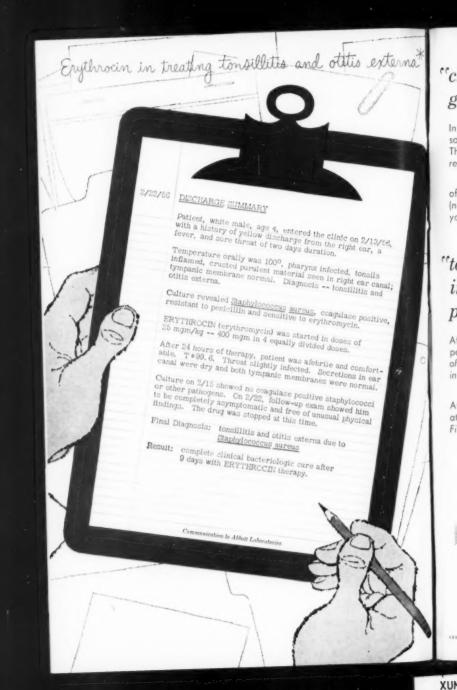
\*also available: Consol thixotropic suspension

1. Konzett, H.: Wein, klin. Wchnschr. 67:306, 1955.



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#### "clinical response good or excellent"

In one recent study, 18 patients with acute follicular tonsillitis and septic sore throat, were given erythromycin. Infecting organism was Str. pyogenes. The investigator stated, "In all 18, the clinical response could be regarded as either good or excellent."

This, of course, is only one of many reports showing the effectiveness of ERYTHROCIN against coccic infections. You'll get the same good results (nearly 100% in common, bacterial respiratory infections) when your prescription reads Filmtab ERYTHROCIN Stearate.

#### "toxicity lower in erythromycin-treated patients"

After a study of 208 patients treated with erythromycin (78), procaine penicillin (78) and a placebo (52), the investigator stated: "... the incidence of toxicity (compared to procaine penicillin) was significantly lower in the erythromycin-treated patients."

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- Filmtab—Film sealed tablets, Abbott; pat. applied for.
- Herrell, W. E., Erythromycin, Antibiotics Monographs, No. 1, p. 29, New York, Medical Encyclopedia, Inc., 1955.
   Idem p. 30.

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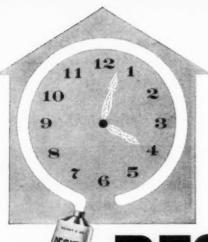
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Grayzel, H. G., Heimer, C. B., and Grayzel, R. W.: New York St. J. M. 53:2233, 1953.
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#### Fees for Failures

Is it wise to charge less than usual if you haven't helped the patient as expected? Here are ways to handle some difficult situations

By Charles Miller, M.D.

"But Doctor," the patient said, "my asthmatic spells are as bad this fall as they were last year. I honestly don't see why I should pay you \$125 when I've got nothing to show for it."

How would you handle such a complaint? I'll tell you what I did, although I won't defend it as the solution to all such problems. I answered as follows:

"I think I appreciate how you feel. Still, you got a lot of good professional services: a full examination, an elaborate series of tests, then twenty injections. How much do *you* think you should pay for those services?"

The patient cleared his throat. "I know you've done your best," he said. "I'm not blaming you for the fact that I've still got asthma. It's just that—well, I think a reduction of at least one-third would be in order. Make the fee, say, \$75 or \$80 instead. Doesn't that seem reasonable?"

It did. In occasional cases like this one, I adjust my usual fee downward when the patient doesn't benefit as

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expected from my services. And I almost invariably reduce my customary charge if, for one reason or another, I don't actually render the services expected.

Here's an example of this second type of situation:

#### Services Not Rendered

Just recently, one of my patients went into labor and I arranged to meet her at the hospital. But while driving there, I stopped to give first aid at a roadside accident. As a result, I got to the hospital after the baby was born.

There'd been no negligence on my part. I'd given good prenatal care and I later gave good postnatal care. Still, the family had agreed to a \$200 fee for services that presumably included my personal attention on D-day.

So I didn't bill for the full \$200. I charged only for the prenatal and postnatal care. This aggregated about \$60.

In all such cases, I try to anticipate the patient's dissatisfaction and to set a fair fee in the light of the way things turn out. Even so, there's sometimes a complaint after my statement is mailed.

If there is, I simply ask the

complainant how much he believes he *ought* to pay for my services. No one yet has said "Nothing!" And only rarely does anyone name an unreasonably low sum. If that happens, I discuss the services rendered until the patient sees them in a more realistic light.

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I should add here that there are a few tragic types of cases I don't discuss at all. I merely send a bill for minimum compensation and let it go at that. For instance:

As a G.P., I do a lot of obstetrical work. It's usually a package deal, with fees determined in advance. Failures in this field are rather rare. Still, suppose you see a woman during her months of pregnancy and then deliver her of a monster or a corpse.

#### Fees in Tragic Cases

Can you insist on full payment? The tragedy wasn't your fault. Yet it's hard to demand that the husband pay a month's income for it. So what do you do?

Here's what I do in such cases: Without saying anything more about it, I bill the family for \$75 instead of the usual \$200.

I stay tight-lipped, too, about

the complication that occasionally arises from my own treatment of a patient's ailment. Suppose, for instance, the patient reacts badly to a drug I administered. Suppose this leads to extra office visits or to some expensive neutralizing medication.

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How do I set the fee in such cases? I bill the patient for the original service but *not* for the extra visits or the neutralizing treatment.

#### Double-or Nothing?

Suppose you encounter the secondary infection or adhesion that sometimes develops after surgery. Suppose, as a result, a second laparotomy is required. Do you charge the patient for two operations, for one, or for none?

Here's what a surgical colleague of mine does: He charges only for the initial surgery. His statement indicates a single fee for the whole procedure. Only if the patient asks for a further explanation does he mention that no charge was made for the secondary surgery.

Of course, not all my colleagues think it's safe to adjust fees downward when results prove disappointing. Some are convinced that any below-normal fee looks like an admission of error—and thus an invitation to a malpractice suit.

This is a real risk in some cases—especially if you make an open display of fee-cutting after a complication. A surgeon I know got into trouble this way. Here's how he tells the story:

"It started as a routine herniorrhaphy. Then the patient developed a pulmonary embolus. The family scraped together \$100 for a consultant and \$36 a day to pay for round-the-clock nursing. Finally the patient died. He'd been the sole breadwinner, and he left his family heavily in debt.

"Under the circumstances, I



didn't want to charge my full fee. I told the family of the favor I was doing them and sent along a minimum bill. I was rewarded with a malpractice suit."

#### Announcement a Mistake

The surgeon's mistake, it seems to me, was not in reducing his fee but in openly announcing the reduction. If he'd sent his minimum bill without saying a word, he would have satisfied his humanitarian instincts without stirring up the family's suspicions.

Another risk in reducing fees is doing it so often that it gets to be routine. A classmate of mine, now a small-town doctor, always considered it more important to satisfy the patient than to have a good collection record. So he developed what he thought was a wonderful system. Whenever a patient complained, the doctor would say: "I want you to be satisfied. Suppose I just discount this bill 20 per cent."

#### **Twenty-Percenters**

Unfortunately, the word spread. Soon a good many patients expected the discount. On their own initiative, some actually began mailing checks for 20 per cent less than the amount of their bills. That finished the syssu

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This doctor's mistake was simply reducing fees too often. It should be done sparingly, in selected cases, and not by any set formula. That, at least, has been my experience.

I've heard some other objections to charging cut-rate fees for failures. Let's examine a few:

#### Fee Cuts Illogical?

1. "It isn't logical to cut fees when results are bad unless you also raise fees when results are good."

My wife's brother, an M.D., likes to tell about the well-known violinist who suffered a fractured left hand. There was danger of adhesions, of contractures, and of infection-any one of which might have ruined the violinist's career. But the surgeon achieved a perfect result. The patient was again able to earn a substantial income.

"Well, how about it?" asks my brother-in-law. "With less skillful care, that patient might have been reduced to a \$90-a-week fiddler in a small-town band. If the doctor can set his fee in proportion to results, shouldn't the

surgeon have asked a whopping big one in this case?"

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Actually, most fees are set on the assumption that there will be good results. In other words, the doctor who helps the patient is merely doing what's expected. It's only when he doesn't help the patient as expected that fee adjustments may become logical.

#### **Inevitable Failures**

2. "Failures are almost inevitable in certain fields. It's unfair to demand fee reductions in, say, geriatrics or brain tumor surgery."

Actually, there isn't much demand for fee reduction in these fields. The geriatrician isn't expected to cure old age. The brain surgeon isn't expected to restore every brain tumor patient to useful life. It's only when great expectations are dashed—both the doctor's expectations and the patient's—that a lower fee than usual is worth thinking about.

3. "A fee that's reduced for failure is a contingent fee. Many an M.D. frowns on contingent fees in court cases. Aren't they equally unethical in private practice?"

The objection to contingent fees in court is that the antici-

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pated fee may unconsciously distort the doctor's testimony. This surely doesn't apply to the private patient relationship. Besides, a fee that *may* be reduced in case of failure is far different from a fee that depends from the outset on the extent of success.

4. "To reduce the fee when results are disappointing is to take money out of the practitioner's pocket after he's rightfully earned it."

This seems to me to strain a point. After all, if I receive a check for \$125 instead of a check for \$200, I'm not \$75 poorer than I was before. I'm \$125 richer.

#### **Cues to Caution**

In actual practice, none of the above arguments against reducing fees is very strong. But the essential note of caution in all of them is well placed. There *are* pitfalls in the system; and to avoid them, you need to be constantly aware of the dangers.

If you are alert to the dangers, reduced fees for failures are a good thing for all concerned. They're fair to the patient without being unfair to the doctor. And fairness, after all, is the most durable doctor-patient link. END

### Which Field of Practice Is

Who likes his work better? The psychiatrist or the OB man? The internist or the G.P.? Here is a unique study of career satisfactions

Nine out of ten doctors like practicing medicine so much that they'd be doctors all over again, if they had the choice. That's a major finding of the cross-sectional sampling on which this article is based.

But not all types of M.D.s are equally contented. For example, 93 per cent of city and suburban practitioners say they're satisfied with their profession—but only 83 per cent of country doctors are satisfied.

When it comes to field of practice, reactions are more mixed. Seventy-three per cent of all the respondents say they prefer the branch of medicine they're now in. But when you examine the six leading fields separately, you find a very wide spread in contentment.

At the top of the satisfaction scale are psychiatrists. Eighty-five per cent of the men in psychiatry say they're happy with it.

At the bottom are pediatricians. Fewer than two-thirds of them say they're content with pediatrics; more than a third wish they'd chosen some other field.

Why these differences in career satisfaction? Let's take

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## ice Is Most Satisfying?

By Edwin N. Perrin

a closer look at the major fields of practice and let the physicians in them speak for themselves.

Psychiatrists appear to be the most satisfied of all doctors for three main reasons:

1. Psychiatry is still a new and exciting field. "My work takes me to the very frontiers of medicine," says a Philadelphian. "I love the variety and the challenge." Adds a young Menninger Clinic man: "There's tremendous room for advancement—advancement both of knowledge and of your own career in this field."

2. Psychiatrists get satisfaction out of the fact that, more than other doctors, they deal with people rather than just with disease. "I like getting inside my patients' minds and learning their true feelings. I like treating them, not just their organs," says a Californian. Or as a Chicagoan puts it: "Psychiatry is the art of the whole man."

3. Many psychiatrists say they like psychiatry because of their own emotional make-up. "Certain personality characteristics (both assets and liabilities) that might hinder me in any other field make me a success in this one," comments a man in Indiana. A young North Carolinian says he prefers the specialty because of "my

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#### Satisfaction With Profession

MEDICAL ECONOMICS asked a broad cross-section of physicians the following question: "If you had it to do over again, would you select medicine as your career?" Here's how their answers added up in the six largest fields of practice:

	Yes	No
Internists	97%	3%
Surgeons	95	5
Pediatricians	95	5
<b>Psychiatrists</b>	93	7
Obstetricians	87	13
G.P.s	85	15

own need for personal emotional fulfillment."

Taken together, these reasons pretty well explain the career satisfaction of 85 per cent of the psychiatrists. But what about the 15 per cent who are not satisfied with their choice?

discouraged Easterner probably speaks for most of them: "It's too frustrating to have the field you work in con-

stantly ridiculed—not only by laymen but by your own colleagues as well."

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#### **Medical Detectives**

Internists rank second in specialty satisfaction. Many of them stress the broad intellectual substance of internal medicine. "It offers the greatest diagnostic and therapeutic challenge of any specialty," says a medical man from Los Angeles. "For a doctor who likes clinical investigation and teaching, internal medicine is the obvious choice," an Ohioan adds.

But if internists regard themselves as medicine's thinkers, they also enjoy being men of versatility. "A residency in medicine is the only way you can fit yourself to be a family doctor and a specialist," says a New Englander who's both.

What don't internists like about their field? They're practically unanimous: "Internal medicine doesn't provide enough financial rewards to compensate for the time and effort it takes."

#### Content to Cut

Surgeons are third on the satisfaction scale. And nearly every surveyed surgeon says why

he likes his work: He enjoys its dramatic, visual character.

"Patient for patient," says a general surgeon in New York, "surgery is the most exciting specialty. You encounter more crises; you're on the spot more often; you have to put out more personal effort. And more often than not, you get the satisfaction of good results."

An Alabaman sums it up this way: "A surgeon achieves cures, not just improvements."

They also like being in a field where competence clearly shows. The surveyed surgeons seem to feel that a patient's health rarely depends on his choice of this internist or that, for example. But where surgery is concerned, they feel it's very different. As one New Englander puts it:

"A good surgeon can save the same life that a mediocre surgeon would lose. Particularly with traumatic cases and elderly patients, it makes all the difference which surgeon does the operating. It's satisfying to know that you personally saved a man's life-that it wasn't just medical science."

The only big objection to their field that many surgeons express is that it's too competitive.

#### Satisfaction With Specialty

When MEDICAL ECONOMICS asked: "If you had it to do over again, would you select the particular field of medicine in which you are now practicing?", the answers broke down this

way:		
	Yes	No
<b>Psychiatrists</b>	85%	15%
Internists	82	18
Surgeons	81	19
Obstetricians	78	22
G.P.s	66	34
Pediatricians	63	37

"There are too many would-be surgeons," says a Marylander. "There's too little income the first ten years, too much cutthroat competition for referrals. I like surgery. But in my next existence, I'll be a radiologist."

#### They Seldom Fail

Obstetricians, next on the scale, know exactly why they're satisfied with their specialty. "You deal primarily with young

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adults, and you almost always bring them happiness," says an OB man from South Dakota. "Tragedies or unfavorable results are rare," adds a Californian. "The financial rewards are excellent," concludes a Tennessee doctor who has earned such rewards in 2,169 cases.

Nearly eight out of every ten OB men think that way. The other two concede that the work is satisfying and that the fees are good; but the hours, they grumble, are so bad they'd rather be in some other branch of medicine.

"Sure, I like obstetrics," says a young Bostonian. "But I like my family better. And I never have the time to see them. I need to find a partner or to go into gynecology."

#### The G.P.s' Lot

General practitioners seem a relatively discontented breed. One in every three G.P. respondents wishes he were some other kind of doctor—anything from an ENT man to a thoracic surgeon. And the reasons for dissatisfaction are almost as numerous as the G.P.s themselves:

"I feel I'm a jack of all trades and master of none," says a doctor in rural Arizona. Complains a Massachusetts man: "The lot of the generalist is too much work, too little time, and not enough financial or any other reward." Or to put it the other way around, as a Montana G.P. does: "Specialization is much easier and much better paid."

Other G.P.s speak of "the effort to squeeze us out of hospitals." A number are concerned because too many patients "don't trust us to do anything more than first-aid-type work." A few cite the early coronaries suffered by so many G.P.s.

That's not the whole story, of course. Two-thirds of the surveyed G.P.s would stay in general practice no matter what. They offer such reasons as these:

¶ From an Iowan: "Specialists are trapped in the cities. I wanted to live in a small town—and I do."

¶ From a city G.P. in Florida: "To me, medicine means healing people. If I couldn't be a family doctor (the only real kind of doctor there is), I'd go into pure research."

¶ And from a North Dakota man: "There's no monotony in my practice, as there is in the specialties. I do surgery, obstetover

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rics, psychiatry, even marriage relations (lawyers say I've reduced divorces in my bailiwick by half). I've worked harder, played harder, cussed harder, and made more money than I ever dreamed was possible. I wouldn't change for anything."

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**Trouble With Children** 

Pediatricians are low men in career satisfaction. For every sixty-three contented pediatricians, there are thirty-seven malcontents.

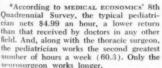
Why? Their explanations focus largely on low pay and long hours.\*

"The volume of work needed to make an adequate living is fantastic," says a young Texan. "And so many house calls!"

"I earn less money than any other M.D. in town," reports a Pennsylvanian. "Yet I work the longest hours and make the most night calls. To top it off, whatever I do is constantly interrupted by phone calls from overprotective mothers."

If it weren't for such adverse working conditions, pediatrics would be a particularly satisfying specialty. A Michigan man ticks off its advantages as follows:

"(1) When kids get sick, they recover quickly. (2) Pediatrics is the best of all fields for preventive and prophylactic work. (3) It's a thrill to have a hand in helping children grow and ma-



ture. (4) You tend to identify with the young patients and their young parents; so you stay young yourself."

What's more, pediatricians say, their field is pleasantly free of hypochondriacs and neurotics. "Children tend to be honest in expressing themselves," a New Englander comments. "You don't have to cut through that sophisticated overlay most adults have. It's wonderful."

A 70-year-old Illinois pediatrician adds simply: "I'd rather drive a streetcar than take care of adults,"

#### Rx for Dissatisfaction

Sixty-three per cent of all the surveyed doctors admit their daily routine sometimes gets them down. But they report a wide variety of antidotes for temporary career dissatisfaction.

The most popular restorative, of course, is a vacation. About one doctor in three manages to take at least a long week-end off whenever he gets down in the dumps.

Next most popular is what one respondent calls the "I-guess-I'm-pretty-lucky-after-all" therapy. Typical examples:

¶ A Western G.P. reminds

himself "how damn glad I was to see patients my first year in practice."

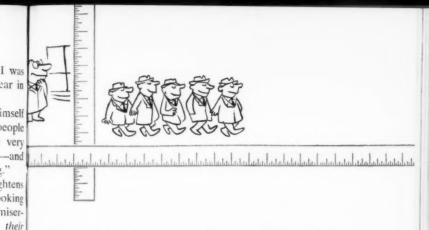
¶ An Easterner jacks himself up by realizing that "those people who get us down are the very ones who need us most—and who also give us our living."

¶ A Minnesota man brightens his mood just by "looking around and seeing how miserable my friends are at *their* work."

Other palliatives range from a peaceful afternoon fishing to a bout with the stock market. Here are some of the more unusual ones:

One overworked doctor waits until the telephone rings for the nth time that day; then, with a grunt of satisfaction, he yanks the phone jack out of the wall. Another man says that on the rare occasions when medicine gets him down, "I take several shots of bourbon and go straight to bed." Finally, there's the doctor who works himself out of the blues by stages:

"I begin by griping hard," he says. "If that doesn't buck me up, I try mowing the lawn or shoveling snow. After working up a sweat that way, I seldom still feel sorry for myself." END



# Yardsticks for Your Practice

The third in a series of reports based on MEDICAL ECONOMICS' 8th Quadrennial Survey, to which 10,919 physicians contributed data

This month you're getting three sets of yardsticks. With the first set, you can measure your income from health insurance plans against that of other physicians. The second set gives you a comparative check on your collection percentage. The third set lets you compare your practice with some of the largest individually-owned practices in the country.

Next month you'll get yardstick figures on office expenses, including salaries paid. Later there'll be figures on savings and investments, value of estate, patient load, working hours, and more. There'll also be a series of reports on special types of practice.

Where are all these yardstick figures coming from? The answer goes back to 1929, the year of the crash. That was when MEDICAL ECONOMICS con- [MORE ON 364]

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# Doctors' Income From Health Insurance Plans

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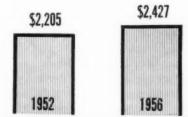
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One-tenth of the typical physician's gross earnings now comes from Blue Shield and other health insurance plans. What this means to him in dollars is shown in the chart below.

These figures reflect a modest increase (about 10 per cent) in four years. By contrast, the typical doctor's total

> How Much the Physician's Income From Health Plans Has Gone Up



earnings from private practice have climbed 22 per cent in the same period. So it's clear that his income from health plans hasn't kept pace.

Its failure to do so is especially meaningful when you consider this: One in every five self-employed M.D.s now counts on health insurance plans for at least a quarter of his gross income—and often considerably more than half of it.

What categories of doctors receive the largest percent-

# The Doctor's Income From Health Plans At Five Earnings Levels

Gross Earnings	Income From Health Plans	% of Gross Earnings
\$10,000	\$ 500	5%
20,000	2,000	10
30,000	3,000	10
40,000	4,000	10
50,000	6,500	13

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ages of their gross earnings from health insurance plans? Mainly these:

¶ Men who do some surgery;

¶ Men with gross earnings of \$50,000 a year or more;

¶ Men who practice in the West and those in cities of 25,000 to 500,000 population;

¶ Men who've been in practice less than twenty-five years.

The tables that follow offer you many more yardsticks to apply to your own income from health plans. All figures given are 1956 medians for self-employed M.D.s (those who get more than half their net earnings from fees for service).

### The Doctor's Income From Health Plans By Years in Practice

Years in Practice	Income From Health Plans	% of Gross Earnings
Under 10	\$2,427	10%
10-24	2,774	10
25 or more	1,054	5

### What Part of Their Gross Incomes M.D.s Get From Health Plans

1% get 3/4 or more 7% get 1/2 or more 22% get 1/4 or more 30% get 1/5 or more 54% get 1/10 or more 72% get 1/20 or more



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## The General Practitioner's Incomfrom

	City Size	Income From Health Plans	% of G Earnin	
(	Under 25,000	\$2,920	129	
West	25,000-499,999	5,371	18 8	outh
(	500,000 and over	3,246	12	
(	Under 25,000	2,590	10	
Midwest	25,000-499,999	2,936	10 N	orthe
(	500,000 and over	1,776	7	

The nation-wide median amount that G.P.s collect from beans is 8





### Incomfrom Health Plans, by Region and City Size

% of 6		City Size	Income From Health Plans	% of Gross Earnings
129	1	Under 25,000	\$1,270	5%
18	Southeast )	25,000-499,999	1,419	6
12	(	500,000 and over	1,242	5
10	1	Under 25,000	1,699	8
10	Northeast ?	25,000-499,999	1,983	10
7	(	500,000 and over	818	5

from ans is \$2,300, or about 10 per cent of their median gross earnings.

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► The man in a *surgical* specialty generally gets a much larger percentage of his income from health insurance plans than does the *nonsurgical* spe-

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### How Much Income the Specialist Gets

Specialty	Income From Health Plans	Gross Earnings
Allergy	\$ 330	1%
Anesthesiology	4,405	20
Cardiovascular disease	1,033	4
Dermatology	1,377	5
Ear, nose, throat	6,894	20
Eye, ear, nose, throat	3,048	10
Gastroenterology	1,470	5
General surgery	8,636	30
Gynecology	3,938	12
Internal medicine	1,159	5
Neurology	978	5
Neuropsychiatry	480	2
Neurosurgery	5,661	15
Obstetrics	6,788	25



cialist. Men in the following specialties have the *highest* dollar incomes from health plans: (1) thoracic surgery, (2) general surgery, (3) urology, (4) proctology, and (5) orthopedics. Allergists have the *lowest* incomes from such sources.

### cialist Gets From Health Insurance Plans

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Specialty	Income From Health Plans	% of Gross Earnings	
Obstetrics/gynecology	\$6,065	20%	
Ophthalmology	1,826	6	
Orthopedic surgery	7,395	20	
Pediatrics	768	3	
Plastic surgery	5,516	15	
Proctology	7,500	30	
Radiology	2,145	6	
Radiology/roentgenolog	y 4,881	12	
Roentgenology	2,803	10	
Thoracic surgery	11,213	40	
Urology	7,650	23	
All specialties	2,771	10	

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▶ The typical Westerner in a major specialty depends more heavily upon health insurance plans than do specialists in other parts of the country. On the average, the Westerner gets 10 per cent more in such payments than do his Midwestern colleagues. He gets 25 per cent more than specialists who practice in the Northeast or in the Southeast. (Exception: the obstetrician and gynecologist. In his specialty, payments from health plans are lowest in the West.)

### What Income M.D.s in Five Large Specialtie

	V		
Specialty	Income From Health Plans	% of Gross Earnings	Incomes In Healthogs H
Internal medicine	\$ 2,395	10%	\$13%
General surgery	12,126	46	9.6
Obstetrics/gynecology	4,477	15	8,1
Pediatrics	1,273	4	4
ALR or OALR	5,021	15	3.2

Regions are defined in the maps on pages 114-115.

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Get From Health Plans, by Region

	Sout	nst Northeast		
incomes Healthogs	Income From	% of m Gross s Earnings	Income From Health Plans	% of Gross Earnings
\$1.2%	\$ 540	2%	\$1,034	5%
9.1	8,247	33	8,295	30
8.7	5,437	7 20	6,088	20
4	946	5 4	946	4
3.2	3,728	10	2,683	10

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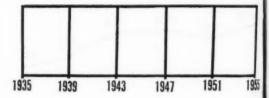
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# Physicians' Collections

The collection percentage of the typical U.S. physician is higher than it's been at any time in the past twenty years. Last year he collected nine-tenths of what his patients owed him. This compares with only three-fourths back in the depression year of 1935.

Figures in the following tables are 1955 medians for self-employed M.D.s (those who derive more than half their net earnings from fees for service).

What the Trend Has Been in the Doctor's Collection Percentage



### What Ratio of Their Accounts Physicians Collect

 10%
 collect
 98%
 or
 more

 30%
 collect
 95%
 or
 more

 50%
 collect
 90%
 or
 more

 74%
 collect
 85%
 or
 more

 86%
 collect
 80%
 or
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 92%
 collect
 75%
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 98%
 collect
 60%
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▶ Specialties with the highest collection ratios seem to be industrial practice and dermatology.

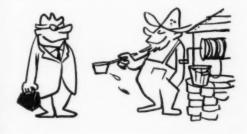
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### What Collection Ratios Are In Selected Specialties

ALR or OALR	90%
Dermatology	94
General surgery	90
Industrial practice	99
Internal medicine	90
Neuropsychiatry	86
Neurosurgery	85
Obstetrics/gynecology	90
Ophthalmology	90
Orthopedic surgery	90
Pediatrics	90
Radiology/roentgenolog	gy 90
Thoracic surgery	85
All other specialties	90

Geographically, the doctor in a large Northeastern city has the best collection percentage. Collections tend to be lowest in the Southeast and in small communities.



# Collection Ratios of General Practitioners By Region and City Size

	Under 25,000	25,000- 499,999	500,000 and Over	Cities of All Sizes
West	85%	85%	90%	90%
Midwest	90	90	90	90
Southeast	80	86	87	85
Northeast	90	90	95	90
All U.S.	87	90	90	90

Regions are defined in the maps on pages 114-115.

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# Medicine's Top Earner patie

They gross three to four times as much a the typical M.D. But they also work harde and spend much more money on their practice from

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What does it take for a doctor to gross upwards of \$80,000 a year?

There are many possible answers, most of them com cent plicated. But a few contributing economic factors can be the measured quite simply. You'll find these factors tabulate M.D. on the following pages in the case of ten large medica penso practices.

If you've already joined the ranks of medicine's to pens earners, you can use these yardsticks to measure you gist) own economic performance. If not, you can get som idea, at least, of what it takes to reach that level.

What do these yardsticks prove?

They prove that, while the high-income doctor can aside be completely typed, he does seem to have the following good clearly-defined traits:

He's a hard worker. He devotes sixty-five hours! week to the actual practice of medicine-and sometime as many as eighty-five hours. He sees an average of over fifty patients daily—and sometimes as many as eight

**107** patients. (The country's typical doctor, by contrast, works sixty hours a week and sees twenty patients a day.)

He has plenty of help. He employs five aides, on the harde average. And there's likely to be one M.D. on his payroll.

He gets an unusually high percentage of his income from Blue Shield and other health plans—twice as high a percentage, in fact, as the typical practitioner gets from these sources.

Of course, to earn a lot, he has to spend a lot—45 per cent of his gross in the \$80,000-\$100,000 bracket, on the average. (This compares with 33 per cent for the bulate M.D. grossing one-third as much.) Yet among the expense ratios of medicine's top earners you'll note some startling variations. In the accompanying examples, expenses range all the way from 22 per cent (for a urolo-re you gist) to 74 per cent (for a radiologist).

som Since the top earner clears several times as much as his average colleague, you'd expect him to save or invest a much bigger slice of his net. Actually, he manages to set aside only about 20 per cent of it. Taxes siphon off a good part of the rest.

Even so, by the midpoint in his career, the top earner has amassed an estate of over \$300,000—three and a letime half times the estate of his typical colleague. [MORE]

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## Earnings, Expenses, and Other Data for Ten Physici with I

Ductor's Specialty	State	Years in Practice	1955 Gross Earnings	1955 Net Earnings	Especients † Seen Of Daily
Gen. practice	Tenn.	25+	\$125,200	\$63,900	4 65
Radiology	Calif.	10-14	115,000	30,000	7 20
OALR	Mich.	15-19	115,000	60,000	4 75
Gen. practice	Mich.	10-14	105,000	70,500	3 50
Internal med.	Mo.	15-19	100,000	45,000	5 50
Gen. surgery	D.C.	25+	100,000	60,000	4 35
Orthopedics	Mich.	25+	95,000	70,000	2145
Gen. practice	III.	5-9	92,000	60,000	33 80
Ob./Gyn.	III.	15-19	89,200	64,200	29,35
Urology	Mich.	15-19	80,000	62,000	22,75

## hysicia ith Unusually Large Practices

	En atients	Hours in Practice	Emp	er of	Salaries Paid	% of Gross From Health Plans	
ľ	Of Daily	Weekly	M.D.s	Aides	Yearly		
0	4 65	67	1	5	\$24,500	20%	
0	7 20	50	1	10	59,000	35	
0	4 75	80	0	5	19,500	30	
0	3 50	30	0	3	7,800	15	
0	5 50	76	2	5	42,200	5	
0	4 35	48	2	3	31,000	25	
0	2 45	60	0	4	20,800	20	
0	35 80	85	0	5	13,000	3	
0	2935	80	0	2	13,000	20	
0	22 75	65	0	4	9,100	25	



END

# The New Look in Medical Societies

By Lois Hoffman

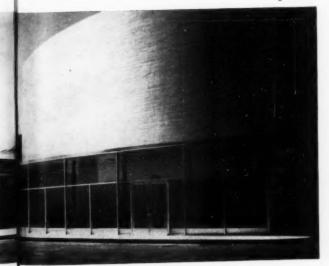
U.S. medical societies are throwing conservatism to the winds—at least where their new headquarters buildings are concerned. Those designed within the last few years shatter tradition all over the place. Well, in nine places, anyway. Here's pictorial evidence.

WATER CURE, ANYONE? Wisconsin doctors can take the plunge at state medical society headquarters [upper right], only a stone's throw from Lake Monona, in Madison. Actually, the neighborhood is well known for its hydrotherapeutic tradition, which dates from the days when an establishment called the Lakeside Water Cure and a Seventh-day Adventist sanitarium occupied sites there . . . BLOOD OR BANQUETS: This San Francisco building [>] is equipped to give both. Dinner meetings in the auditorium-banquet hall at right cater to the social urge of county medical society members, while the society's blood bank occupies a separate wing. The society's executive offices are on the second floor.







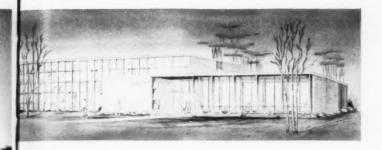






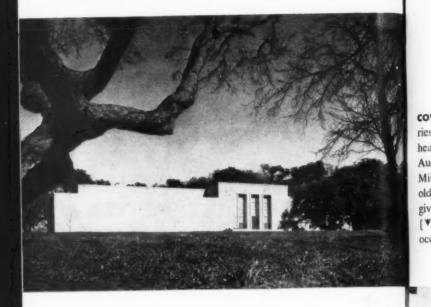
130 MEDICAL ECONOMICS · NOVEMBER 1956

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share the space is the rule in Hartford, Conn., where the city medical society owns and the county society rents rooms in this \$430,000 building [◄] . . . TAJ CAHAL is what a wag has dubbed the new home [lower left] of the American Academy of General Practice, in Kansas City . . . "25 CENTS A DAY for two years" from each member is the fund-raising slogan for the Wayne County Medical Society's projected new headquarters [♣] in Detroit . . . HOME ON THE RANGE, Oklahoma model [♥], abandons the hitching post and the corral in favor of a portecochere and a 100-car parking lot for members of the state medical association.







COWHIDE READING ROOM-top-grain, of course-carries out a typical Lone Star State theme in the \$750,000 headquarters [◀] of the Texas Medical Association, in Austin . . . SHOCKING PINK structure [lower left] of the Mississippi state society expresses a Rebel yell against old-style Southern architecture . . . FACE-LIFTING JOB gives a strikingly modern look to the remodeled home [\*] of the Los Angeles County society, which used to occupy a made-over dance studio on this site.





# He's Bringing a Ghost City to Life

This town was dying of unemployment. Then an M.D. became head of its Chamber of Commerce—and the rejuvenation therapy got under way

By Hugh C. Sherwood

Hazleton is an achromatous town deep in the anthracite coal-mining area of Eastern Pennsylvania. It has a population of 50,000 persons, at least a fourth of whom used to work in the local mines.

After World War II, most of the mines shut down; and the city's textile industries began to shift south.

Unemployed males either moved away or stayed home while their wives sought employment in the city's needle trades. Morale plummeted. By 1952 Hazleton was well on its way to becoming a ghost city.

But today the trend has been dramatically reversed. And the leading role in this civic drama has been played by a physician. Within just three years, nearly twenty

After surveying "The Doctor as a Citizen," MEDICAL ECONOMICS reported six months ago: "The average physician is no mere man of science. He's a good neighbor who gets things done, and his town is the better for it." Now here's a story that dramatically illustrates this conclusion—even though its central character, Dr. Edgar L. Dessen, might justifiably be described as "no mere average physician."

Dr. Dessen completed medical school at age 21. After interneship and a residency in radiology, he entered the Army as a lieutenant. Less than five years later, he emerged with the rank of lieutenant colonel.

Since 1946, he's been a radiologist in his home city of Hazleton, Pa. He's also a director of six medical, civic, and business organizations, and a member of nearly a dozen others. And he's still under 40 years old.



### HE'S REVIVING A GHOST CITY

new companies have come to Hazleton or its environs. The volume of industrial building is at an all-time high. And there's a long list of ex-Hazletonians who'll be returning to the city as soon as anticipated jobs materialize.

Most of the credit for all this belongs to Hazleton's Chamber of Commerce-and to the man who was its president from 1953 TRU until last spring: Dr. Edgar L. Dessen.

#### **Doctors Have a Stake**

A quick-stepping, optimistictalking young man of 39, Dr. Dessen has convinced both himself and his local colleagues that

'LET'S BUILD THERE,' Dr. Edgar L. Dessen suggests to fellow members of Hazleton's Community-Area New Development Organization. They're overlooking an industrial park where CAN DO is erecting all-purpose buildings to lure new industry.



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**BANKS HELPED DR. DESSEN,** center, keep some firms from leaving Hazleton by making loans that enabled them to relocate in the area. The banks have also put up a good bit of money to help the city construct plants for incoming businesses.

the prosperity of a town is as vital to its doctors as to its businessmen.

The Chamber of Commerce provided the organization that enabled Hazleton to conduct a hard, two-fisted drive for new industry. But Edgar Dessen provided much of the impetus and many of the ideas. Even now, with his tenure as president ended, the doctor is working harder than ever to make his city a boom town.

He first became interested in civic affairs in 1947. At that time, the Chamber of Commerce, already concerned about the town's growing unemployment, was trying to build a plant that would induce the Electric Auto-Lite Company to move in. To build the plant, it needed \$500,000. Ed Dessen's job was to solicit funds from the town's medical men.

He and his fellow fund raisers obtained more than \$650,000;

### HE'S REVIVING A CHOST CITY

and the plant was erected. But keen disappointment followed.

Electric Auto-Lite had been expected to offer jobs to about 1.200 persons. As things turned out, it actually hired only 300. That made scarcely a dent in

Hazleton's mountain of unemployment.

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During the next few years, the unemployment problem continued to grow. Finally, in 1952, Ed Dessen was asked to be a second vice president of the Chamber of



'THIS CITY NEEDS BEAUTIFYING,' Dr. Dessen told his fellow townsmen. And Hazleton's going all-out to oblige: It plans to plant 100,000 trees a year, many of them in outmoded mining areas.

Commerce; he was assured he'd be only a figurehead. The following year, however, his "figurehead" status came to an abrupt end.

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One day while he was vacationing in Florida, he got a call from one of Hazleton's first citizens. "We want you to head the Chamber of Commerce," the caller said. "We're having a meeting here, and you're the one candidate we can agree on. You may as well say 'yes.' We'll keep calling till you do."

The doctor took a deep breath and accepted. This time, he knew, he had his civic work cut out for him.

To entice industry to Hazle-

FIRST FRUITS of the city-wide redevelopment campaign were plucked this fall. An atomic-energy firm known as the Beryllium Corporation of America purchased some abandoned railroad shops. Here Dr. Dessen (right) reads the news with Harold Flick, executive director of Hazleton's Chamber of Commerce.



XUM

ton, the Chamber of Commerce had been searching for a way to put up all-purpose buildings that any type of company could use. This project was high on the agenda that Ed Dessen inherited. But nothing much had been done about it. The memory of the Electric Auto-Lite fiasco was still fresh. Most of the town's businessmen were of the opinion that it would be impossible to loosen local purse strings very soon again.

The new Chamber president would have no part of such

pessimism. To start the ball rolling, he arranged a bank loan. Then he and a few friends began approaching individuals. In a few weeks, they'd obtained dozens of low-interest loans of \$1,000 and \$2,000 each.

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### On the Way?

Up went a 66,000-square-foot building. In went the Superior Sleeprite Corporation. It seemed, at last, that Hazleton was on the road to recovery.

Then, suddenly, another textile firm moved south. It left



"Now for each side of Dr. Wikstrom I want someone healthy."

Hazleton with even more unemployed, and with an enormous empty office building. "We had to fill it, that was all," Dr. Dessen recalls. "So we put an ad in The Wall Street Journal and began mailing feelers to every possible prospective occupant we could think of."

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New York's Art Crayon Company nibbled at the Hazleton bait. But it didn't bite, because the building was too big for its needs. Dessen then offered to help the company find tenants for the excess space.

He'd located at least one tenant when a second setback hit the town: Still another company announced its decision to seek better quarters in the South. If it went, 400 more workers would be left idle.

#### He Had Faith

A few days after the news broke, Edgar Dessen met with a group of local bankers and the firm's officials. "You aren't going to move away," he'd told the company men. "I'll help you get a better location right here in Hazleton." When the three-way conference was finished, the company had a \$75,000 loan to help it move into part of what was now firmly established as the Art Crayon Building.

By this time, the Chamber of Commerce exchequer was exhausted. And the C. of C. president had also about exhausted the list of people who might contribute large sums toward their city's redevelopment.

#### A Dime a Week

"You can't squeeze money out of a stone," he was told. "Better let nature take its course."

Once more, Ed Dessen set about proving the pessimists wrong. If the well-to-do wouldn't contribute to job-making projects, he reasoned, perhaps the little fellows would. So the Chamber of Commerce promptly placed bright-red dinner pails on every store counter in town. Hazleton's workers were asked to donate a dime a week so that someone else could have a job. Within a year, they had given nearly \$20,000.

Meanwhile, two other maleemploying industries had moved to town. Together with the first three enterprises wooed and won by Dessen, they provided jobs for 500 men. And soon, spurred by Hazleton's campaign, thirteen predominantly female-employing

XUM

companies also located in the area. That swelled the number of new jobs by another 500.

The doctor and his Chamber of Commerce friends weren't content with simply returning Hazleton to health. They decided the old girl needed a beauty treatment, too. So, a year ago, the Chamber agreed to plant 100,000 trees annually throughout the city. What's more, Dr. Dessen persuaded a colleague-Surgeon Stanley Yamulla-to head the beautification project.

#### The Doctors' Debt

One of Ed Dessen's strongest convictions is that professional men ought to take a bigger part in community life. Doctors particularly, he believes, owe a debt to their city.

"The doctor," he says, "has a better education, a higher income, and considerably more prestige than the average citizen. He's a privileged person. If he doesn't assume some responsibility toward the community, who will?"

So successfully has Dessen campaigned among local doctors that every one of Hazleton's fiftyodd physicians now belongs to the Chamber of Commerce.

Not long ago, Dr. Dessen decided to found a redevelopment organization that would represent all segments of Hazleton's population-including union groups and suburban residents. It came into being last May with Dessen as its president, and it's called CAN DO.

#### Out of the Blue

"I hit on that name in the middle of one night," he confesses, "and I thought it was swell. But I couldn't think of anything for the initials to stand for. Then, a couple of days later, a friend and I dreamed up the words 'Community-Area New Development Organization.' So CAN DO really stands for something now."

Dr. Dessen had never forgotten the \$20,000 he'd raised by his dime-in-a-dinner-pail campaign. But CAN DO couldn't exist without substantial fundsand that meant another fundraising campaign. This time, he convinced civic leaders that the time was ripe "to go after big money again."

He knew what he was talking about. In a three-week campaign, the fund raisers got \$200,000 in cash contributions. They got

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#### CHOST CITY

another \$325,000 by selling bonds on a payroll deduction plan at coal-mine shafts and factory benches. And in one furious final week of campaigning, they raked in another \$225,000. "Industrial development authorities tell me that we raised more money per capita than has been raised by any other city in the history of the country," says Dessen proudly.

CAN DO is already constructing its first all-purpose building for some new industry. Meanwhile, the city has attracted a new industry it hadn't anticipated. It's an atomic energy company known as the Beryllium Corporation of America. It has taken over some railroad shops that were vacant for years.

#### They All Belong

"One interesting reason why Beryllium chose Hazleton," says Dessen, "is that all our doctors belong to the Chamber of Commerce. The company's officials say they think that's an unusually good omen for a happy industrialmedical relationship."

What's happened to Dr. Dessen's practice while he's been giving so much attention to community problems? The fact is, it's flourishing.

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Reference: Williamson, M. B., in Albanese, A. A., et al.: New York State J. Med. 55:3453, 1955.

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other radiologist," the doctor explains. "We're connected with two hospitals and do office work as well. When we're both here, one does the hospital work, the other handles the office. When one's away, the other doubles up."

But he adds: "I haven't had to leave town much lately. My office is in the same building as the Chamber of Commerce and CAN DO. If anything important comes up, I just run down the hall."

He's been running for quite a while now. And he's not only got

Hazleton running with him—he has it *flying*, too! Early this fall the Civil Aeronautics Board tentatively approved scheduled airline service for the city. It took three years to win the Board's sanction, but Dessen and his friends never gave up the struggle.

#### Off the Ropes

There are undoubtedly more struggles ahead. But the worst ones seem to be over. Thanks largely to Edgar L. Dessen, a city that was on the ropes is now roping them in.

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## Surgeons' Code Sets Assistants' Fees

These rules go beyond those of the A.M.A. and the A.C.S. They regulate one city's surgeons—and its referring physicians too

By Helen C. Milius

The surgeons of one area are now better able than most to grapple with fee problems in two-doctor cases. Salt Lake City men have adopted a new set of rules for "a fair, ethical, and common sense financial relationship between the referring doctor and the surgeon."

Worked out by a Salt Lake Surgical Society committee under Dr. Kenneth B. Castleton, the new code frankly regulates society members' charges "in certain circumstances." Dr. Paul R. Hawley, director of the American College of Surgeons, has urged that it be given careful consideration in other parts of the country.

The code first states this familiar premise: "A financial relationship should exist only between the patient and doctor or doctors, and not between the doctors . . ."

Then it goes on to a consideration of "finer points of ethics . . . not adequately covered by any formal rules."

Among its finer points:

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#### CODE SETS ASSISTANTS' FEES

1. The code cites one exception to the rule against doctors' paying doctors: "When a deficiency in the size of the house staff" leaves a surgeon with no

one to assist him in an operation, he may "employ a qualified assistant and pay him directly for his services." This may ethically be done "with or without the knowl-

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#### CODE SETS ASSISTANTS' FEES

edge and consent of the patient." It's assumed that "the surgeon is well qualified to do the operation himself and that he is not dependent on the training and the experience of the assistant . . ."

The code recommends that the assistant's fee be \$25 for the first hour and \$10 an hour thereafter, to a maximum of \$50. But such direct payment is forbidden if the assistant is the referring physician; he must collect from the patient.

The code makes clear when it is ethical for a surgeon to use the referring physician as an assistant: If the latter has surgical privileges in the hospital—even limited privileges—it's "entirely proper" for him to serve. Otherwise, no: "Having [a non-privileged doctor] act as an assistant or as an anesthetist . . . should not be permitted, since it may seriously intefere with the interne and residency training program of the hospital."

3. The code provides a formula for correlating fees when the referring doctor does assist. "We have no right to tell [him] what he should charge," the code concedes. But in addition to "his

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Prophenpyridam	in	e N	Лa	le	a	te	10	mg.
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#### ASSISTANTS' FEES

usual proper charges for his [other] services," it recommends that he bill the patient for his surgical assistance at the code's specified rate (see above). The surgeon may then reduce his fee "by the amount of the recommended surgical assistant's fee only."

4. The code offers advice on how to hurdle obstacles that health insurance sometimes puts in the way of ethics. Suppose, for instance, an orthopedist and a neurosurgeon operate jointly "for removal of intervertebral disc with fusion of lumbar spine." And suppose the insurance company insists on paying "by one check to one doctor." How can this be shared without unethical fee splitting?

"In this type of case," answers the Salt Lake code, "the doctor should endorse the check back to the patient, who should then pay [both] doctors according to their bills." Such action on the doctors' part is mandatory, the code emphasizes, "even though it is realized" that the patient "may or may not pay..."

What if the total of two doctors' usual fees would work an undue hardship on the patient? Then "both physicians should reduce their bills proportionately," the code concludes.

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# How to Deal With The Anxious Patient

Just about everyone who visits your office brings along some hidden anxiety. Here's the way one doctor smokes it into the open

By Brian Bird, M.D.

Practically all patients are in an anxious frame of mind, whether they admit it or not. Yet when one of them reveals his anxiety, we doctors are inclined to tell him there's nothing to worry about. We try to soothe him and reassure him—too often without finding out what he's anxious about.

Too many of us, in fact, won't even allow such a patient to say he is anxious. Why? What's wrong with actually telling a patient that he looks anxious? I've found that if I say that to a tense, frightened fellow, he'll sigh with relief and agree. Then somehow he finds it easier to go on talking.

I first saw this principle in action when I was watching several colleagues prepare a patient for a dangerous op-

THE AUTHOR is Associate Professor of Psychiatry at Western Reserve University. He bases this article on research done for his book, "Talking With Patients," J. B. Lippincott Company, Philadelphia, 1955.

eration. They were gentle and kind; they told the patient that she'd feel nothing, that she'd be put to sleep with some nice-smelling gas and would wake up again back in her comfortable bed.

I could see the woman was so worried that she could hear none of this. The others saw it too. So they reassured her more vigorously—but with no better results.

Finally the surgeon swept in, the great man with his great retinue. I thought: "Oh, Lord, what now!"

But the great man behaved like a truly great man. He ignored everyone else and went straight to the patient. He introduced himself to her, shook hands with her and said: "You look scared to death."

The woman burst into tears and clung to the surgeon. He in turn put his arm around her. Then he stood there completely silent. The eloquence of silence was never more clearly evident. The surgeon had said most of what needed to be said.

After a minute or so he left, smiling and telling the patient he'd see her in the morning. Only then did she begin to listen to her other doctors.

What that surgeon did had scientific validity. It was not just a good bedside manner. He knew that a patient filled with unexpressed anxiety can hear nothing, see nothing, say nothing. He knew that the best approach is always to recognize the patient's anxiety and to encourage him to express it.

Fears that float around unspoken are tremendously

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threatening. Why? Because they have no boundaries. As soon as they're put into words, they become fixed within the limits of those words. Their threat is thereby largely overcome.

Once you start encouraging the anxious patient to tell why he's anxious, better be prepared to listen to some weird fears and fantasies. People have all kinds of peculiar explanations for their illnesses. But it's a mistake to cut them off and set them straight too quickly. It's better to let them, as it were, empty their stomachs of the bad food before you feed them the good.

#### **Just Casual?**

Quite often their fears come out in the form of casual-sounding questions: "Is epilepsy hereditary?" or "Does cancer cause pain?" or "Should cousins marry?" or "Should I have a baby?" The actual wording of these questions isn't important. What is important is their nature.

They tend to come abruptly, out of context. They're often prefaced by "It's not important, but ..." or "Just as a matter of interest, can you tell me ..." or "My cousin would like to know ..."

Sometimes the wording is jocular: "I heard the silliest thing the other day—that if you hurt IN BOOK FORM!

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#### THE ANXIOUS PATIENT

your breast, you'll get cancer."
Or this: "My friend is so stupid she thinks you can get all sorts of bad diseases from kissing."

What's the common denominator of all these questions or statements? They express real anxiety that the patient is trying to hide. I've learned to treat these little overtures with the seriousness they deserve. I never toss them aside with a joke.

Furthermore, I've learned not to answer such questions too abruptly. Here's why:

Suppose a patient says: "Oh, by the way, I have a friend who

has the funny idea that cancer is hereditary. It's not true, is it?" The immediate temptation is to reply: "No, it's not true." But such questions are seldom asked just to settle an argument between friends. They're usually asked because the patient is concerned about cancer—perhaps because he has some symptoms he can't bring himself to mention.

In such cases, then, I consider the question to mean: "I'm worried about myself, Doctor." And I respond by asking a question of my own: "What's all this

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\*Ausman, D. C.: Cobalt-Iron Therapy in the Treatment of Some Common Anemia Seen in General Practice, in press.

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about?" or "Why do you ask?"

It's seldom safe to proceed without further information. Take the patient who says, as if out of the blue: "I've heard that doctors sometimes give a lethal dose of morphine to patients who are incurably ill. Is that really so?" Or "Isn't it true that spanking sometimes harms a child?" Recognize those for what they are: loaded questions.

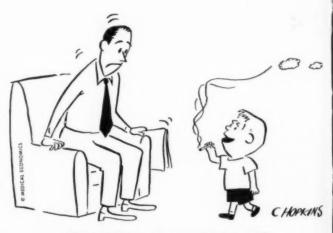
It may be that the patient's mother is dying of some incurable disorder, and the patient is afraid " a lethal dose" has actually been given her. It may be that the patient's child has been spanked at school, and now the parent wants medical authority for blaming the teacher.

Questions about sexual life or marital situation are the ones to answer with the most deliberate care. No matter how harmless such questions may seem, they're always loaded. Here's an excellent rule I've learned to follow:

Never give advice on such matters until the following thing have been made clear:

¶ What the patient has alread read about the problem or been told about it by other doctors clergymen, friends, and relatives

What he himself believes to



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#### THE ANXIOUS PATIENT

be true, regardless of what he has read or been told;

¶ What he plans to do about it, regardless of what he has been told, what he has read, or what he believes:

¶ What he plans to do regardless of the advice you now give him.

The following incident illustrates the importance of all this:

An attractive young couple asked me whether they should get married. One had an extensive history of mental disease in the family; the other had a psychotic grandparent. They explained that they were worried about their future together.

The story as they told it made me want to advise them not to marry-or at least not to have children if they did marry. But I forced myself to ask them more about themselves first. It soon turned out that they were already married. Not only that: The woman was pregnant and determined to have her baby.

This knowledge changed the entire picture. If I'd gone ahead earlier with what seemed to be the right advice, it would have proved entirely wrong. [MORE >

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Whenever patients ask you whether they should get married, or have a baby, or stop drinking, it never hurts to ask them whether anything they're told will make the slightest difference. It's surprising how often you'll get "No" for an answer.

Being asked for advice is the greatest possible compliment—

so much so that the temptation to respond right away may be irresistible. But a request for advice, remember, means an underlying anxiety. Nothing you say will help unless you understand what's behind the request-and unless there's some chance the patient is willing to accept your advice.

#### Thermometer Therapy

My old chief, a surgeon known for his resourcefulness, began his career as a G.P. in the backwoods of Virginia. One morning a talkative countryman came in with a vague, longdrawn-out recital of his ailments.

After listening to the patient for half an hour, the young surgeon-to-be thrust a thermometer into the man's mouth mainly to shut him up. Then he decided to run across the street and pick up his mail at the post office.

There he met congenial companions, completely forgot about the patient, and went off to lunch. Two hours later, when he returned to his office, he found the man waiting patiently with the thermometer still in his mouth.

Without a sign of surprise, the doctor pulled out his watch and studied it thoughtfully. "Just a few seconds longer," he announced, "and it'll have been in long enough."

Some months later, on a return visit, the patient said, "Doctuh, that tube you put in mah mouth done me mo' good than any treatment ah evah had, befo' or since."

-JOHN M. MEREDITH, M.D.

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Clinically it was noted that some diabeties-particularly those who seemed to need protein the most -failed to derive the anticipated benefits from a high protein diet. It appeared likely that the lack of improvement could be ascribed to a partial failure of their digestive function. For this reason, it was decided to add pancreatic digestive enzyme tablets to the high protein diet to make sure that all food taken was properly digested.

The 25 patients used in the study were drawn from the author's own private practice and from the diabetic clinic of the Dade County Hospital at Kendall, Fla. While 11 were controlled by diet alone, 14 were taking insulin.

Diets used were based on the standard ADA diets fortified by the addition of approximately 20 Gm. of protein (15 Gm. of gelatin and 10 Gm. of brewer's yeast) divided into 5 or 6 feedings. Two Entozyme® tablets were prescribed 3 times a day with meals, and one Allbee® capsule daily to supply fully adequate B-complex vitamins.

Results—All 25 cases showed significant symptomatic improvement within a week or two of starting the Entozyme and high protein diet. In 16 of the 25, there was a significant decrease in the serum cholesterol; and in the 14 patients taking insulin, there was a decrease in the insulin requirement.

In most cases, the postprandial blood sugar began to rise within a week or two after starting therapy—a result that had been anticipated because of improved digestion. The insulin dose was not increased, however, as there was no accomcreased. however, panying acidosis or acetonuria. Eventually, the postprandial blood sugar declined toward normal in all cases.

When the blood sugar had fallen to the was decreased by 2 units or more. Subsequently, the postprandial blood sugar again rose briefly, but once again dropped toward normal. When it reached the pre-experimental level, the insulin dose was once more decreased. In this fashion, 4 patients were able to discontinue insulin completely, while the other 10 all experienced a material decrease in requirements.

Discussion - The "well-regulated" diabetic may still fall prey to the degenerative complications of the disease, since it is not enough merely to guard against ketosis or hypoglycemic reactions. In order to preserve protein balance, it is necessary also to guard against a drop in blood sugar so low as to stimulate hepatic glyconeogenesis, lest the alimentary canal be unable to absorb enough nitrogen to maintain protein balance. Therapy calls for a high protein diet amply fortified by vitamins and (at least in the beginning) by the digestive enzymes of the pancreas, in order to stimulate protein recovery and to enable the lipotropic action of the protein to become fully manifest.

Conclusions and Summary—A group of 25 diabetics treated with a special high protein diet, oral pancreatic enzymes (Entozyme), and careful regulation of their insulin dosage so that neither excessive hyperglycemia nor hypoglycemia occurred showed significant symptomatic improvement. In most cases there was not only a decline in the serum cholesterol levels, but also a reduction in insulin requirements.

It is suggested that this improvement is due to redressing the nitrogen balance and making available the lipotropic activity of protein, as well as other intrinsic factors essential to normal tissue metabolism.

<sup>\*</sup>Lowenstein, B. E.: The Value of Entozyme® in the Clinical Management of Diabetes Meilitus: Preliminary Report, American Pract. September, 1956.



# How About a Business on the Side?

It can be a good investment—or a costly floperoo. Here's hard-won advice from 100 doctors who have branched out into business

By Hugh C. Sherwood

Probably a majority of physicians have at least thought about buying into some small business for profit and pleasure after hours. A minority have actually taken the plunge—and sometimes crawled back out.

What have these men learned? Are such ventures worth the time and trouble? MEDICAL ECONOMICS recently put these questions to 100-odd doctor-businessmen.

Some of them have made thousands of dollars from their business sidelines. Others have gained great satisfaction if not much else. A few have even thought seriously of making medicine a part-time career, so successful have their business ventures been.

But in spite of such enthusiasm, almost all the doctors offer this warning to like-minded colleagues: Don't invest your time and money in *any* enterprise until you've thought hard about the occupational hazards to which a doctor-businessman is subject.

To understand what's behind that warning, look first at the doctors themselves. What sort of men are they? What kinds of businesses do they own? What experiences—pleasant or painful—have made them aware of the need for extreme caution?

Of the doctor-businessmen in MEDICAL ECONOMICS' sample, about 80 per cent are specialists; about 20 per cent, G.P.s. Men who practice in cities predominate by about the same ratio over country doctors.

One out of three owns a farm. One out of five tries his non-professional hand at buying, selling, and otherwise handling real estate. One out of seven runs a ranch, and almost as many breed cattle. The remainder have poured their spare cash and spare hours into an unbounded variety of businesses—as witness the list on page 191.

In most cases, the physicians are the sole owners. More often than not, they've owned their businesses at least five years. All but a handful of the doctors invested at least \$5,000 to begin with. They have since upped their investments to amounts in excess of \$15,000.

Despite such sizable outlays, about half the physicians still haven't made a profit from their business sidelines. But some of those who *have* made money can count it in big chunks—e.g., \$48,000, \$152,000, and \$750,000.

What are the most satisfying things about running a business on the side? The doctors rank them this way:

(1) The enterprise may help the doctor's practice or the profession in general; (2) it may serve as a pleasurable

avocation, not unlike a hobby; and (3) it may show a profit.

Occasionally, a business sideline provides all the above satisfactions. For instance:

During the middle years of the Great Depression, a small-town Texas G.P. was forced to take over a local drugstore that was threatened with bankruptcy. Running the store presented him with many a headache at first. But it helped his practice from the start, giving him 24-hour access to all the drugs and supplies his patients might need. His interest in pharmacy grew so much that he became a nationally known figure in that field. And the drugstore-a money-loser for years-has since netted him \$30,000, all told.

## More Than Money

Still more satisfying, perhaps, is a business sideline that's helpful to medicine and humanity in general. Here's one example:

For years, an Ohio internist had watched his colleagues struggle to get hypodermic needles into the veins of patients in shock. Sometimes the struggle took too long and the patient died. Then one day the Ohioan thought up a special type of needle that would

help. No one was manufacturing such a needle. So the doctor decided to do it himself.

In the ten years since then, the needles have become standard equipment for armed forces medical personnel as well as for many civilian hospitals. The doctor has reaped national recognition and more besides. In fact, he's earned \$70,000 on an investment of \$16,000.

### Just for Fun

Of the doctor-businessmen who don't profit financially from their ventures, most seem content not to. As one man puts it: "Who wants money? My profession provides that. What a business on the side gives me is jun."

In agreement with this point of view is a South Dakota practitioner who owns a ranch in partnership with his brother. They raise saddle horses and Hereford cattle. "The operation is self-sustaining but it's never yielded any real profit," says the doctor. "That's all right. I never intended to make a financial killing. It's satisfaction enough for me just to drive around our ranch and dream of the day when we'll have the greatest herd of Herefords in the world." MORE

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### BUSINESS ON THE SIDE?

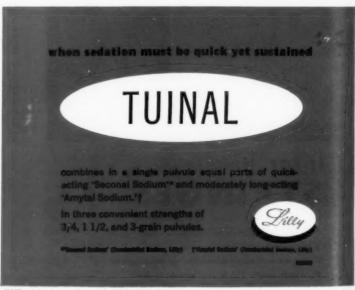
Personal satisfaction also explains why a 64-year-old Milwaukee internist and his doctor-wife maintain a mink farm. Eleven years ago, they bought the farm in response to a newspaper ad promising huge financial gains. But the ad was a shade optimistic. So far the doctors have put \$100,000 into the project—and have got back only one-tenth of it.

Are they disturbed? Not at all. The farm now produces more than 2,000 pelts a year, and it's the medical couple's pride and joy. Says the husband:

"Most every day, I drive out to the farm to confer with my employes, make out breeding schedules, write up feeding formulas, help vaccinate the mink, or even do menial chores. For me it's a fascinating pastime. It would be for anyone who likes animals and the outdoors."

## The Profit Angle

Men with stronger profit motives seem to do best in real estate. Here's the fairly typical experience of a 43-year-old orthopedist in the State of Washington:





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### BUSINESS ON THE SIDE?

Nine years ago, he chipped in with several others to buy some business property. Since then he has devoted several hours a week to property-management chores. Over the years, he's realized an annual return of nearly 10 per cent on his total investment (\$13,400). And the value of the real estate is still on the upgrade. "Eventually," he says, "it will be my social security."

Another field in which the profit motive has been well exercised is farming and cattle raising combined. A Southwestern internist reports a two-decade profit of over \$200,000 in one such enterprise.

Eighteen years ago, he put up \$10,000 to form a partnership with a few farmers. They rent out the property they own and also collect a percentage of the money



"He asked for male hormones, but his wife told me to give him sleeping pills instead."

## just 1 tablet daily

helps meet the increased nutritional requirements of pregnancy



### Each Engran Tablet supplies:

Vitamin A	5,000 U.S.P. Units
Vitamin D	500 U.S.P. Units
Vitamin K (as menadione)	0.5 mg.
Thiamine mononitrate	. 3 mg.
Riboflavin	3 mg.
Pyridoxine HCI	2 mg.
Vitamin Bu activity concen	trate 2 mcg.
Folic acid	0.25 mg.
Niacinamide *	20 mg.
Calcium pantothenate	5 mg.
Ascorbic acid	75 mg.
Calcium, elemental (as calcium carbonate 37	
Iron, elemental (as ferrous sulfate exsicca	10 mg. ted 33.6 mg.)
lodine, elemental (as potassium iodide 0.2 n	0.15 mg.
Potassium (as the sulfate)	5 mg.
Copper (as the sulfate)	1 mg.
Magnesium (as the oxide)	6 mg.
Manganese (as the sulfate)	1 mg.
Zinc (as the sulfate)	1.5 mg.

supplied in bottles of 100 and 1000 capsule-shaped tablets

new formula



new small size capsule-shaped tablet

ENGRAN

SQUIBB VITAMIN-MINERAL SUPPLEMENT

**SQUIBB** 

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out also ney in patients with colds...sinusitis...rhinitis



## orally with

## **Novahistine**

The marked synergistic action of a vasoconstrictor with an antihistaminic drug provides marked nasal decongestion and promotes normal sinus drainage. Oral dosage avoids harmful misuse of topical agents...eliminates nose drop rebound. Novahistine causes no jitters or cerebral stimulation.

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Diff

Each Novahistine Tablet or teaspoonful of Elixir, provides 5.0 mg. of phenylephrine HCl and 12.5 mg. prophenpyridamine maleate. Novahistine Fortis Capsules contain twice the amount of phenylephrine for those who need greater vasoconstriction.

3 dosage forms
elixir
tablets
fortis capsules

PITMAN-MOORE COMPANY Division of Allied Laboratories, Inc., Indianapolis 6, Indiana

### and...



## when "head colds"



become "chest colds"



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## Novahistine-DH

relieves
congestion
at both sites

Fortified Novahistine with dihydrocodeinone for the control of coughs and respiratory congestion

Each teaspoonful (5 cc.) contains:

Phenylephrine hydrochloride 10 mg.
Prophenpyridamine maleate 12.5 mg.
Dihydrocodeinone bitartrate (may be habit forming)
Chloroform (approximately) 13.5 mg.

(Alcohol content, 10%; sugar, 331/%)

1.0 mg.

### PITMAN-MOORE COMPANY

Division of Allied Laboratories, Inc.
Indianapolis 6, Indiana

### BUSINESS ON THE SIDE?

their tenants make on cattle sales. Helping manage this operation takes a fair amount of the doctor's time. But he's well paid for it.

So much for the positive side of the picture. It does have a negative side, too. Quite a few doctor-businessmen, in fact, believe that the cons overbalance the pros.

### Will Practice Suffer?

For one thing, they point out, a business sideline tends to take more time than it's worth. Then the doctor's practice suffers.

"I think it's best to devote all your energies to medicine," says a 63-year-old Louisiana pathologist who was in the shipping business for twenty years. "If I had done so, I would have made more out of my clinical laboratory than I ever did out of my business."

A 58-year-old Ohio pediatrician tells a similar tale. Two years ago, as a favor to the widow of a relative, he took over the management of a farm equipment sales company. He received an annual salary of \$4,000. But he believes he lost much more than that in professional fees.

"It's hard to estimate the damage to my practice," he reports.
"But the business did take up

MEDICAL ECONOMICS · NOVEMBER 1956 187



Early leweled pistoi sword

potent...

of rare value...

for bursitis, fibrositis, low-back pain

a highly effective dual-action weapon that achieves optimum analgesia and muscle relaxation in arthritis and other neuromuscular disorders.

Each enteric-coated NEOCYTEN Tablet contains:

Sodium Salicylate 0.25 Gm. (4 gr.) 0.25 Gm. (4 gr.) Para Aminobenzoic Acid 20 mg. (1/3 gr.) 0.25 mg. (1/250 gr.) Ascorbic Acid. Physostigmine Salicylate Homatropine Methylbromide 0.50 mg. (1/120 gr.)

Dosage: 2 tablets four times daily, preferably before meals and at bedtime.

Supplied: Bottles of 200, 500, and 1000 pink, enteric-coated tablets.

Literature on Request



own lewels" of alicylate therapy



THE CENTRAL PHARMACAL COMPANY Products Born of Continuous Research SEYMOUR INDIANA

one-third of my time. I finally had to give it up because of a coronary occlusion."

Some business ventures seem to provide neither spiritual nor financial satisfaction. Take, for instance, the experience of a Los Angeles urologist:

He was persuaded to help market a new fruit juice dispenser. He invested \$6,000 of his own funds. But the inventor, it turned out, needed \$50,000 rather than \$6,000 to market it. And he couldn't raise the remaining funds.

So he disappeared. And the

\$6,000 disappeared with him. The doctor was left in charge of a marketing organization that had nothing whatever to market.

## **Three Tough Breaks**

Here are some further examples of bad business breaks that cost doctors plenty:

¶ An Ohio ophthalmologist invested \$22,000 in four apartment buildings. He took a hand in their management and was doing quite well. Then suddenly some big-time contractors began erecting new buildings in the area, and the bottom fell out of

pood convalescence -

12

## **Saturation Dosage**

of water-soluble vitamins B and C

## ALLBEE with C

A. H. ROBINS CO., INC. RICHMOND 20, VA.

The highest ascorbic acid content (250 mg.) of any water-soluble vitamin capsule In each capsule: Thiamine hydrochloride

Riboflavin
Calcium pantothenate
Nicotinamide

ASCORBIC ACID

15 mg. 10 mg.

10 mg. 50 mg.

250 mg

Robins

premoted only-

easy on the pocket book!

## in recurrent peptic ulcer-

## prompt, sustained relief

patient: "A 54-year-old business man with a 20 year 'classical' history of peptic ulcer."

treatment: Bland diet plus one 'Prydonnal' Spansule capsule q12h.

response: "On 'Prydonnal' Spansule capsules, he reported prompt and sustained relief from both daytime and nighttime pain... he had 'never slept like this before.' This patient was followed on the medication for approximately 3 months during which he experienced no side effects and remained free from all symptoms of gastrointestinal dysfunction."

# Prydonnal\* stropine, acpolition, hydrocyamine, phenobarbital Spansule\* made only by Smith, Kline & French Laboratories, Philadelphia first X sustained release oral medication AT.M. Reg. U.S. Pat. Off. Passet Applied Por

the I

"As lucky

gist dolla the physician's rental business. "As a result," he says, "I was lucky to break even."

¶ A Connecticut dermatologist invested several thousand dollars in a dairy farm. Then he

discovered that New England winters can play all sorts of tricks on the milk business. Before he could disentangle himself, he lost his entire investment.

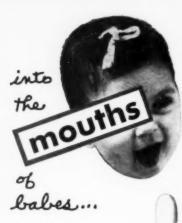
A Westerner took over the

## The Businesses They're In

More than 100 practicing physicians who have business sidelines supplied the information you'll find in the accompanying article. If you, too, are interested in putting surplus funds and spare time to profitable work, this sampling of the businesses they're in may give you some ideas:

Air conditioning	Estate manage-			
Alfalfa mill	ment			
Apartment house	Farming			
Automatic car	Farm equipment			
wash	Filling station			
Automobile	Florist shop			
agency	Golf course			
Bookstore	Hog raising			
Bowling alley	Jewelry store			
Cattle breeding	Loan company			
Dairy farm	Lumber			
Deep freeze food	Machine tools			
plan	Meat packing			
Drugstore	Men's clothing			
Electrical devices	Mink farm			

Motel Natural gas Office building Orchid growing **Plastics** Radio station Real estate Restaurant Sheep raising Shetland ponies Summer resort Travel guides Tree farming



When budding teeth are the root of the trouble, mother's first concern is the infant's comfort.

Many physicians recommend massage of the gums during dentition. This can be done in a sanitary way with sterilized 'Q-Tips', the original cotton-tipped applicators.

Q-Tips' are rendered sterile by steam under pressure. Their convenience and safety have been demonstrated for nearly a third of a century... for hygienic infant care, for first-aid purposes, for applying medication locally.

Physicians are welcome to a professional supply of 'Q-Tips'.



BUSINESS ON THE SIDE?

management of a jewelry store and put \$5,000 into it. Six months later, the jeweler he'd hired to run the place slipped quietly out of town, his pockets bulging with gems. The doctor hasn't invested in anything since except savings bonds.

Even when a business does succeed, the doctor may not consider it a success. To quote one disgruntled entrepreneur: "The damn taxes eat most of the profits up, and you work yourself almost to death before you get a chance to enjoy what's left."

So it's no surprise that a fair number of the surveyed physicians think their colleagues would do well to avoid business ventures altogether. "Be a doctor or a businessman, not both," says one Chicago specialist flatly. "If you're going to be a doctor, invest in stocks and bonds. If you want to be a businessman, get out of the practice of medicine."

## Four Ways to Success

Naturally, you have a right to disregard that advice. You also have a chance to benefit by disregarding it. You'll have the best chance, the surveyed doctors say, if you follow these four rules:

 Examine every aspect of the business you plan to buy into. Consider the location, the comAnnouncing the 1956

## Medical Economics Awards

\$500 for the best article written by a physician and found acceptable for publication

\$300-\$100 for all other articles written by physicians and found acceptable for publication

You wouldn't be normal if your experiences in conducting a practice hadn't given you some useful. interesting, original ideas.

Write up your ideas on some carefully limited aspect of any broad subject in our field—fees, for example, or practice management, or handling patients, or relations with hospitals or other doctors.

Document your ideas with examples, anecdotes, and cases in point drawn from your own experience. The more such documentation, the better your chance of winning.

Send in your article no later than Dec. 31, 1956. Send in more than one article if you wish. All will be read carefully as candidates for the 1956 MEDICAL ECONOMICS AWARDS.

Judges will be the editors of MEDICAL ECONOMICS; their decisions will be final. Awards are intended for articles between 1,000 and 3,000 words long. Manuscripts should be typed, double-spaced, on one side of the paper only, and accompanied by a self-addressed envelope and return postage. Address: Awards Editor, Medical Economics. Oradell, N.J.

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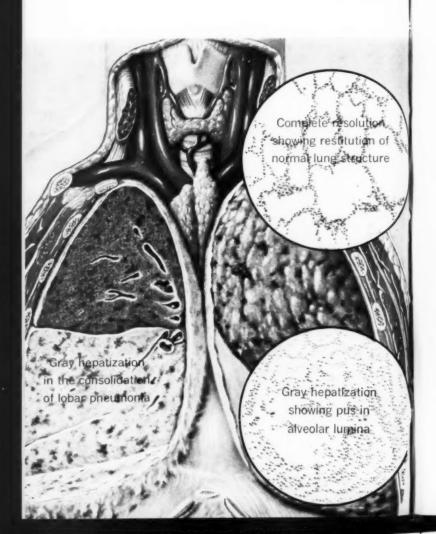
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## A most useful antibiotic for the most prevalent infections



## ILOTYCIN

(ERYTHROMYCIN, LILLY)

Over 90% of all bacterial infections of the chest are caused by organisms highly sensitive to 'llotycin.'

## Fully as effective against pneumococci as any other antibiotic.

In pneumococcus pneumonia, fever and acute symptoms subside within forty-eight hours. The pneumococcus-killing action of 'Ilotycin' is especially valuable in elderly patients and in debilitated states.

## More effective against streptococci than the tetracyclines.

'Ilotycin' is bactericidal. The great majority of originally positive throat cultures become negative within twenty-four hours. Thus the possibility of complications is minimized.

## The most effective antibiotic against staphylococci.

More than 90% of all staphylococci encountered in private practice are highly sensitive to 'Ilotycin'—more than to any other antibiotic.

## Safe and well tolerated.

Staphylococcus enteritis and avitaminosis have not been encountered. Gastro-intestinal hypermotility is seldom noted.

**Dosage in pneumonia:** 1.5 to 2 Gm. orally per day, in divided doses. Continue for a minimum of fourteen days. Children, 5 mg. per pound of body weight q. 6 h.

Tablets, pediatric suspensions, drops, I.M. and I.V. ampoules.

(Lilly)

ion

petition, the prospective supply and demand, the probable depreciation or appreciation. "And don't get too deeply involved in any one business," advises a Colorado surgeon who has successfully engaged in four different enterprises. "The smart doctor diversifies his investments."

2. Favor a business that makes minimum demands on your time. Fully 60 per cent of the surveyed doctors give no more than an hour a day to their outside ventures. And many recommend picking a business in which you can be a virtually in-

active partner. "Then, if your business is successful," says one, "you'll profit with the least possible effort."

3. If you go into business with a partner, be sure *he* invests money too. "If he supplies only the know-how," warns a Colorado internist, "he won't be as interested in the investment."

4. If you don't have an experienced business partner, be willing to pay well for a good manager. "Buy top-quality brains," advises a Los Angeles surgeon. "You'll find they're worth all they cost."



in acute and chronic pyelonephritis, cystitis and prostatitis

## treedom

## from pain, infection and resistant mutants

"Frequently, patients reported symptomatic improvement within 24 hours." Furadantin "may be unique as a wide-spectrum antimicrobial that . . . does not invoke resistant mutants."2

Comparative Sensitivity to Furadantin of Infectious Microorganisms Isolated over a Two-Year Period<sup>3</sup>

Microorganism	Total no. strains	Sensitive*		Moderately sensitive*		Resistant*	
		No.	Per cent of total	No.	Per cent of total	No.	Per cent ef total
Proteus vulgaris	237	209	88.2	28	11.8	0	0
Escherichia coli (including paracolon bacillus)	281	255	92.7	23	8.2	3	1.1
Aerobacter aerogenes	223	183	82.1	40	17.9	0	0
Streptococcus faecalis	160	155	96.7	5	3.1	0	0
Pseudomonas aeruginosa Micrococcus pyogenes var.	101	5	5.0	40	39.9	56	55.4
aureus	6	8	100	0	0	0	0
Klebsiella pneumoniae	3	3	100	0	0	0	0
Alcaligenes faecalis	2	2	100	0	0	0	0

\*Organisms inhibited by 100 µg./ml. or less are classified as sensitive, by 200 to 400 Mg/ml. as moderately sensitive, and those not inhibited by 400 Mg/ml. as resistant.

REFERENCES: 1. Trafton, H. M., et al.: N. England J. M. 252:383, 1955. 2. Waisbren, B. A., and Crowley, W.: A. M. A. Arch. Int. M. 95:653, 1955. 3. Schneierson, S. S.: Antibiotics 3:212, 1956.

FURADANTIN DOSAGE: Average adult dose is 100 mg., with food or milk). Average daily dosage for children is 5 to 7 mg./Kg. in four divided doses. EATON LABORATORIES New York Norwich



SUPPLIED:

Tablets, 50 and 100 mg., bottles of 25 and 100. Oral Suspension. 5 mg., per cc., bettle of 118 cc.

NITROFURANS-a new class of antimicrobials-neither antibiotics nor sulfonamides

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## Ulcer protection that lasts all night:

## **Tablets**

- Each tablet contains:

## Average dosage (ulcer):

- One tablet one-half hour before meals, and 1 to 2 tablets at bedtime.
- Supplied: Bottles of 100 and 500 tablets

- Each 5 cc. (approx. 1 tsp.) contains:
- Methscopolamine bromide

### Dosage:

- 1 to 2 teaspoonfuls three or four times daily.
- Supplied: Bottles of 4 fluidounces

## Sterile Solution

- Each cc. contains:
- Methscopolamine bromide 1 mg.

### Dosage:

- 0.25 to 1.0 mg. (1/4 to 1 cc.), at intervals of 6 to 8 hours, subcutaneously or intramuscularly.
- Supplied: Vials of 1 cc.
- The Upjohn Company, Kalamazoo, Michigan



What it's like

## If Your Office Burns

By Lois Hoffman

"Doctor! Your office is on fire!" Surgeon Walter Shriner heard that heart-chilling call under his bedroom window in Springfield, Ill., at a little after 2 A.M. on an August morning not long ago. He threw on some clothes, dashed out to his car in record time, and arrived at the flaming building just in time to do the first thing he thought of: He unlocked the front and back doors, thus saving them

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Rapidly replacing
the traditional
single-action,
too-potent vasoconstrictor

## $Vasocort^{\star}$

'Vasocort'—hydrocortisone and 2 decongestants in low concentrations—is the new and milder, yet more effective, intranasal solution specifically developed to reduce inflammation, edema and engorgement in

## Acute, Chronic &

## Allergic Rhinitis

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'Vasocort', the new concept of intranasal medication, almost never produces burning, stinging or rebound turgescence. Supplied either as 'Vasocort' Spraypak† or 'Vasocort' Solution—both ½ fl. oz.

Smith, Kline & French Laboratories, Philadelphia 1

**★T.M.** Reg. U.S. Pat. Off. †Trademark from being forced open by the firemen.

Next Dr. Shriner ran to a nearby house and telephoned the utility company to shut off the power. (He'd recently read about the extra hazards of an electrical fire.) After that there was nothing he could do but watch the firemen—and wait.

## The First Shock

Long after dawn, when he was at last able to enter the building, he was ready for a shock—and he got one. Every room was a shambles of water, ashes, and debris. The window air conditioners had become black hunks of twisted metal. His X-ray, BMR, and ECG machines were hopelessly damaged. Only a few metal filing cabinets and some reception room furniture looked as if he could ever use them again.

## Ten Years Wiped Out

Dr. Shriner had bought the big old frame house two years before. He'd fixed up the first floor as an office and had converted the second into a rental apartment.

How had the fire started? No one really knew. "My wife and I have always been meticulous about checking for fire hazards," the Springfield physician recalls. "Many's the time one of us has gone back to the office at midnight, to make sure the Bunsen burner or the sterilizer was turned off. Despite this, the assets acquired in ten years of practice were almost completely wiped out.

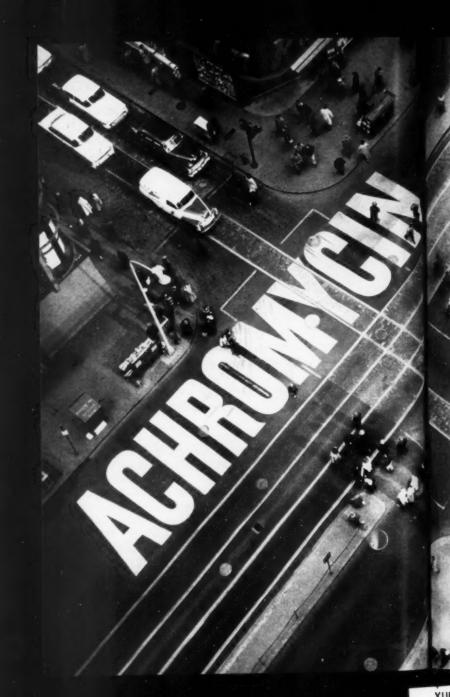
"I don't mind admitting that when I first entered the building I felt hopelessly discouraged," he adds. "But there was no use mulling over it. So I went right to work."

The story of how Dr. Shriner went to work merits hearing. For if you ever face the challenge of a burned-out office, you'll probably follow closely in his footsteps. Here's what he did:

## Locked-up Shell

The morning after the fire he telephoned his insurance broker to tell him what had happened. "It's lucky the outside doors of your building are undamaged," the man told him. "You can lock them to keep vandals out. You'd better board up the windows, too. And if I were you, I'd go out and find myself another office right away."

It was good advice. The fire





Tetracycline Lederle

for prophylaxis and treatment of

## obstetric infections

Posner and his colleagues<sup>1</sup> have reported on the use of tetracycline (ACHROMYCIN) in 96 cases of obstetric complications, including unsterile delivery, premature rupture of the membranes, endometritis, parametritis, and other conditions. They conclude that this antibiotic is ideally suited for these uses.

Other investigators have shown ACHRO-MYCIN to be equally useful in surgery and gynecology and virtually every other field of medicine. This outstanding antibiotic is effective against a wide variety of infections. It diffuses and penetrates rapidly to provide prompt control of infection. Side effects, if any, are negligible.

Every gram of ACHROMYCIN is made in Lederle's own laboratories and offered only under the Lederle label—your assurance of quality. It is available in a complete line of dosage forms, including

## ACHROMYCIN SF

ACHROMYCIN with STRESS FORMULA VITAMINS. Attacks the infection, bolsters the patient's natural defenses, thereby speeds recovery. Especially useful in severe or prolonged illness. Stress formula as suggested by the National Research Council.

SF Capsules, 250 mg.

SF Oral Suspension, 125 mg. per teaspoonful (5 cc.)

For more rapid and complete absorption. Offered only by Lederle!

<sup>1</sup>Posner, A. C., et al.; Further Observations on the Use of Tetracycline Hydrochloride in Prophylaxis and Treatment of Obstetric Infections, Antibiotics Annual 1954-55, pp. 594-598.



LEDERLE LABORATORIES DIVISION AMERICAN CYANAMID COMPANY PEARL RIVER, NEW YORK

"REG. U.S. PAT. OFF.
PHOTO DATA: SPEED GRAPHIC CAMERA,
F.16, 1/50 SEC., ROYAL PAN FILM

### IF YOUR OFFICE BURNS

was bound to cost the doctor a few patients. But a good many more might slip away if they couldn't reach him within a matter of days.

## **Reviving His Practice**

So, barely nine hours after first learning of the fire, Walter Shriner was looking for new quarters.

"My local colleagues were wonderfully generous," he says. "Several of them volunteered to have their girls take calls for me until I could get settled in new quarters. Others invited me to

share their offices. I finally decided to rent from two friends who had some extra space in their building.

"I started treating patients there the next day. I notified the local newspapers and the physicians' exchange. In addition, I was able to mail out announcements to patients on my active list, because my record files had come through all right. That was the most important break of all."

Patients thought it important, too. Almost without exception, every patient Dr. Shriner saw during the next few days ex-

## stand-by for asthmatics

## AMINET

(Aminophylline with Pentobarbital)
Suppositories

Bischoff



exclusive base speeds relief

AMES COMPANY, INC. ELKHART, INDIANA



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C.R. BARD, INC. · SUMMIT, NEW JERSEY

MEDICAL ECONOMICS · NOVEMBER 1956 205

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pressed concern over the medical records covering himself and his family. "When I realized how widespread this concern was," the doctor says, "I asked the local newspapers and radio to announce that my medical records had been saved."

A few case histories had been lying out on a desk. Though a bit charred, they were still legible. Some X-ray films had fused at the corners. But they too could be separated and read. All other financial and clinical records had been in metal filing cabinets that withstood the flames.

## One Lucky Break

What if they hadn't withstood the flames? Dr. Shriner shudders to think of it. "If I'd lost my files," he says, "I'd have had to spend days retaking case histories and rechecking hospital records. And I'd have had a hard time remembering which patients owed me money, and how much. I thank my lucky stars for those fireproof cabinets."

In the months immediately after the fire, Dr. Shriner found himself seeing only about two-thirds as many patients as before. (For this reason, and because he no longer had any income from

the use of his X-ray and other diagnostic equipment, his gross earnings ran almost \$1,000 a month below normal for some time.) But by now many of his former patients have found their way back to him. They say they couldn't locate him before. (Evidently they did not read the newspaper or mail announcements.)

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## **Salvage Operations**

Keeping his practice going, then, was Dr. Shriner's first consideration. But he had other problems to cope with at the same time. There was, for example, the herculean task of separating salvageable assets from junk. He was helped in this job by Mrs. Shriner, his nurse, and a few good friends. But he himself spent every spare moment at it for several weeks.

Working systematically, he and his occasional helpers went through each grimy room of the burned-out office. They separated all small objects that seemed even remotely usable and took them to the doctor's garage at home. There they examined, cleaned, and catalogued them.

Most of the metal instruments had come through fairly well. After scrubbing, they were stained but usable. A good many bottles, jars, and other glass objects were also in serviceable condition.

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Fabrics and paper, on the other hand, retained a lingering smoky odor. So even unstained objects made of such materials had to be discarded. The doctor's medical library was an almost total loss.

The only sizable furnishings that could be reconditioned were an examining table, the metal filing cabinets, and some reception room chairs and tables. The damaged pieces were sent to a firm that specializes in cleaning and deodorizing such things. They came back not quite so good as new, but usable.

## **Drug Supplies**

The doctor's drug supplies had survived the fire without visible damage. Still, Dr. Shriner didn't consider them safe to use. A druggist friend offered to clear out all such supplies and take



"I could have gotten all A's, Dad. But I didn't want to depart too far from the accepted norm."

## criteria for skeletal muscle relaxant

'The need for a therapeutic agent that would provide prolonged elaxation of spastic or rigid muscles is generally recognized. To date,

here has been no available drug proved sufficiently safe,

ffective, or long-lasting to justify its general use."

Before Flexin

NOW

## flexin

(Zoxazolamine,† McNeil)

## fulfills these

upplied: 250 mg. yellow, scored tablets, bottles of 50.

Abrahamsen, E. H., and Baird, H. W., III: J.A.M.A. 160:749 (Mar. 3) 1956.

Amols, W.: J.A.M.A. 160:742 (Mar. 3) 1956.

Rodriguez-Gomez, M.; Valdes-Rodriguez, A., and Drew, A. L.: J.A.M.A. 160:752 (Mar. 3) 1956.

Smith, R. T.; Kron, K. M.; Peak, W. P., and Hermann, I. F.: J.A.M.A. 160:745 (Mar. 3) 1956.

.M. †U. S. Patent Pending

## FLEXIN is sufficiently safe

"No significant alterations of pulse, blood pressure, or respiration were observed [during therapy with FLEXIN], and there were no deleterious effects noted in blood counts, urinalyses, or liver and kidney function tests."

"...no important signs of toxicity were found in blood or urine studies...drowsiness and transient dizziness in an occasional patient, together with occasional mild gastric irritation, were the only undesirable side-effects observed..."<sup>3</sup>

### **FLEXIN** is effective

"When it [FLEXIN] was administered orally in doses of 250 to 500 mg. three and four times a day, 14 of 18 patients with spasticity due to spinal cord lesions showed objective improvement of spasticity."<sup>3</sup>

"Rheumatic diseases with the major disability caused by stiffness and aching appear to respond well..."

## FLEXIN has a long duration of action

"The administration of an effective dose of zoxazolamine [FLEXIN] was usually followed by muscular relaxation within an hour, with the peak effect being reached within two hours and waning within four hours. Some degree of muscular relaxation was occasionally seen 24 hours or longer after discontinuance of therapy."

## sequirements

McNEIL LABORATORIES, INC - PHILADELPHIA 32, PA.

McNEIL

them to his store. There he listed and priced them—some \$1,000 worth—for the insurance statement.

The demands of the doctor's reborn practice made it necessary to acquire replacements for at least some fundamental items without waiting for the insurance settlement. For example, he needed a new stethoscope, a new sphygmomanometer, and some other new professional tools right away. So he bought them. He also bought or borrowed a few pieces of furniture for his temporary new office. And he arranged to get duplicates of his burned-up diplomas, certificates, and medical license.\*

## The Insurance Story

Settled in his temporary quarters, with salvage operations well in hand, Dr. Shriner was ready to think about collecting on his insurance. "I'd naively assumed that all I had to do was ask the companies to pay up," he recalls. "I soon found there was a lot more to it than that."

First, with some assistance from the insurance adjusters, he had to furnish two itemized lists of destroyed and damaged property. One list covered the building itself; the other its contents. Both required a detailed accounting of original purchase prices, current replacement costs, actual cash values at the time of the fire, and amount of loss claimed.

### He Had Invoices

As it turned out, the building itself was virtually a total loss. Dr. Shriner had paid \$15,500 for it. And he had invoices showing he'd made improvements worth some \$8,000. When he'd made these improvements, he'd increased the insurance on the building to a total of \$22,000.

It would take very nearly that much to rebuild the structure. There was a contractor's estimate to prove it. So Dr. Shriner claimed damages accordingly.

But the insurance company's adjuster was willing to allow him only \$19,000.

## Payment in Full?

"That doesn't seem reasonable," the doctor argued. "I've put \$23,500 into the building, and it's useless to me now. Why shouldn't you pay me the full value of the policy?"

The adjuster contended that

<sup>\*</sup>Just in case fire strikes twice, he's now had photostats made of his important documents.

Now there are two forms of

## THERAGRAN

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THERAGRAN LIQUID

1 teaspoonful of Theragran Liquid is equivalent to

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The six vitamins almost invariably associated with chronic vitamin deficiency states.

Each Theragran Capsule, or 5 cc. teaspoonful of Theragran Liquid, supplies:

Vitamin A (synthetic) 25,000 U.S.P. Units Vitamin D 1,000 U.S.P. Units Thiamine 10 mg. Riboflavin 10 mg.

Niacinamide 150 mg.

Usual Dosage: 1 or 2 capsules or teaspoonfuls daily. Infants: Not more than 1 teaspoonful daily.

THERAGRAN CAPSULES: bottles of 30, 60, 100 and 1000.

THERAGRAN LIQUID; bottles of 4 ounces.

SQUIBB



Squibb Quality—the Priceless Ingredient

### IF YOUR OFFICE BURNS

the building hadn't been totally destroyed, since its foundation and some of the walls were still standing. "Besides," he explained, "I have to take depreciation into account. You may have paid \$8,000 for the improvements, but they weren't worth that much after two years."

There was no point in arguing further, Dr. Shriner decided. So he accepted the \$19,000.

## **Time-Consuming Job**

He turned next to his claim on the contents of the building. "With hundreds of items to be listed," says Dr. Shriner, "this was the most time-consuming job. But it would have been much worse if I hadn't had a complete inventory dating back to our most recent annual spring cleaning.

"Fortunately, the inventory listed everything in the office. Unfortunately, it didn't list prices and purchase dates. I had to spend days checking my file of invoices and corresponding with suppliers.

"I finally figured that the replacement value of my furnishings and equipment was about \$26,000 at the time of the fire. Allowing \$4,000 for depreciation and for the few things I'd been able to salvage, the adjuster

## Rx Information

## Kolantyl

Gel and Table

### Action:

Two-way spasmolysis... Spasm is relieved and gastric hypermotility is checked by the musculotropic and neurotropic effects of Bentyl\*—more effective than atropine, without the usual side effects.

Rapid, Prolonged Antacid Effects<sup>2</sup>... Balanced antacids act swiftly... do not cause laxation or constipation.

Demulcent Protection<sup>2</sup> . . . Normal tissue is safeguarded, and physiologic repair of damaged areas is enhanced.

Anti-enzyme Action ... Necrotic effects of pepsin and lysozyme are effectively curbed.

### Composition:

Each 10 cc. (2 teaspoonfuls) of Kolantyl Gel or each Kolantyl Tablet contains:

100 mg.

### Dosage:

Gel-2 to 4 teaspoonfuls every three to four hours, or as needed. Tablets-2 tablets (chewed for more rapid action) every three hours, or as needed.

### Supplied:

Gel-12 oz. bottles.

Methylcellulose .....

Tablets-bottles of 100 and 1,000.

Merrell's distinctive antispasmodic that provides direct, fast relief of G. I. spasm and pain.

 McHardy, G., and Browne, D: South, M. J. 45:1139, 1952.
 Hufford, A. R.: Rev. Gastreenterol. 18:588, 1951.
 J. Johnston, R. L.: J-Indiana St. M. A. 46:889, 1953.
 M. J. South Carolina M. A. 48:245, 1952.

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TRADEMARKS: "BENTYL", KOLANTYL®

prompt, prolonged relief for both



## Kolantyl

Kolantyl provides four beneficial actions that relieve pain and correct a range of gastric disorders characterized by spasm and low pH.

1. Acid neutralization; 2. Relief of spasm and hypermotility by musculotropic and neurotropic inhibition; 3. Inactivation of pepsin and lysozyme; 4. Formation of a protective demulcent.

Pioneer in Medicine for Over 125 Years



Gastro, L.: J.
Miller, 5, 1952.

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spasm

figured my loss at \$22,000. But I had only \$17,500 worth of insurance on the contents."

So although the insurance company paid the full face amount, Dr. Shriner still lost \$4,500 on it. "Such uninsured losses are tax-deductible, of course," he remarks. "But that's not much consolation."

Walter Shriner had two other policies that helped him meet incidental costs of the fire:

1. Under a rental policy, he collected \$1,200 toward the cost of renting a temporary office and toward the loss of rental income from the upstairs apartment. (Payment was limited to rental losses during a "reasonable length of time to rebuild"-in this instance, five and a half months.)

## Quick Pay-Off

2. Under an "extra expense" policy-the doctor had bought it only a month before the fire-he got \$1,800 for moving and storage expenses, announcements, phone calls, trips to buy new equipment, and rental losses not covered by the other policy.

Eventually Dr. Shriner had the burned shell of his old building torn down. He may put up another office there some day. This time, if he can afford it, he's going to install alarms and a sprinkler system.

Meanwhile he's carrying on his practice in another old house, which he bought and remodeled just recently.

### Second Time Around

On his insurance man's advice. he's had a so-called "replacement endorsement" added to his building policy. This covers the full cost of replacement-without the usual deduction for depreciation-up to the face value of the policy.

"And," says Dr. Shriner, "whenever I renew, I'll have the property reappraised. That way, I'll be sure I'm fully protected. I only wish full-replacement-cost insurance were available for furnishings and equipment. Unfortunately, it's not."

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The doctor now has his office inventory checked every month. And he makes sure that the inventory specifies purchase dates and prices of everything listed.

He doesn't claim to be fully prepared for another fire. No one can be. But he's better prepared. Perhaps, after hearing his story, you will be too. END gorinkon

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In young patients or old, let STIMAVITE'S five nutritional essentials help perk up lagging appetites:

Appetite-stimulating vitamin B1; B<sub>12</sub> (20 mcgs.), for appetite and growth stimulation; B. for improved protein metabolism; ascorbic acid, important in hemoglobin formation and nucleic acid synthesis; and L-lysine, critically essential amino acid that improves protein quality.

Especially designed for really "picky" patients, fruit-flavored Tastitabs can be chewed like candy, swallowed whole or dissolved in liquids.

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stimulate appetite and growth with good-tasting

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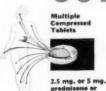
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References: 1, Boland, E. W., J.A.M.A. 169:613 (February 25) 1966. 2. Margolis, H. M. et al., J.A.M.A. 158:454 (June 11) 1955. 3. Bollet, A. J. et al., J.A.M.A. 158:459 (June 11) 1955.



2.5 mg. or 5 mg. prednisene or predniselone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydraxide gel.

Co-Deltra



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## Nine Tips for Retirement Planning

Maybe you'll never retire—but you've got to be prepared just in case. If you're over 40 now, it's none too soon to start getting ready

By Thomas Owens

The best reason for laying retirement plans long before you know whether you'll ever want to retire stems from a hard economic fact:. Money, like living things, needs plenty of time to grow.

A financial adviser I know illustrates the point this way: Suppose you began at 35 to buy a \$1,000 U.S. Savings Bond every year. By the time you reached 65, you'd have invested a total of \$22,500. But your bonds would actually be worth \$36,140.

Suppose, on the other hand, you started at 55 and bought three \$1,000 bonds a year. By 65, you would have invested the same amount—a total of \$22,500. But your bonds would have a cash value of only \$26,120. In other words, your late start would have cost you more than \$10,000 in lost savings.

It's been said that retirement planning begins at 40. If you're that old, you need to start planning now to

### TIPS FOR RETIREMENT PLANNING

have your financial and personal affairs in good shape by the time you reach retirement age. Here are some ideas you can use:

1. If you've never been a systematic saver, begin some sort of forced savings plan. One relatively painless way is to set up your own "withholding tax." You instruct your aide to put a certain percentage of each day's gross receipts into a special sav-

ings account. As the fund builds up, you keep converting it into Government bonds.

Another way: Start a monthly investment plan with a mutual fund. The kind of fund that penalizes you if you miss a month might be just what you need.

2. Hedge your investments against inflation. It's estimated that merely to keep up with rising living costs and tax rates, the

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THRO



<sup>&</sup>quot;Why, Edith!"



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ionth d. nents nated n rismoney you save has to grow at the rate of 9 per cent a year. So it's unwise to put all your savings into such fixed-income securities as bonds. Earmark at least 50 per cent of your money for common stocks or real property that can appreciate in value.

3. Make sure your investments will benefit you more than the U.S. Treasury. The doctor now in his middle years is probably enjoying peak earnings. Too much additional current income is apt to push him into the skyscraper tax brackets. That's why the smart medical man makes his investments in securities or property that will pay off later rather than now.

### **Extra Income**

- 4. Consider taking a part-time salaried job. Such a position can bring delayed-action advantages. It may entitle you to some extra retirement income from Social Security. Or, if you're employed by a tax-exempt organization (like a hospital or orphanage), part of the salary you're paid can, under certain circumstances, be put into a tax-free retirement annuity.
- 5. Develop your practice so you can keep it going part-time.

Don't assume that you'll necessarily want to retire completely when you reach a certain age. You may be far happier cutting down, instead of cutting out, your professional work. So consider ways of limiting office hours—or even of limiting the practice itself. The G.P. who restricts his practice to adults, or to nonsurgical cases, or to nonobstetrical patients, will still have plenty of work to do as he tapers off.

### Cash Your Chips

- 6. Plan early for the eventual disposal of professional assets—e.g., your practice and perhaps your office building. Proper planning can insure a successful transfer at a price that repays you for your time and labor in building the practice up. Often the best idea is to take on a junior partner who enters into an agreement to buy the practice later for a specified sum. Thus, your withdrawal can become a gradual and financially painless procedure.
- 7. Cultivate more interest in nonmedical pursuits. There's nothing like a satisfying hobby or a burning cause (whether politics, stamp collecting, or homes

two-way attack on infection

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## ... combine the superior oral penicillin and three sulfonamides

V-Cillin-Sulfa' provides you greater control over a wider range of micro-organisms. 'V-Cillin' (Penicillin V, Lilly) and sulfas used concurrently produce faster and more effective antibacterial action in certain infections. In general, the combination is most beneficial in mixed infections, infections due to bacteria only moderately susceptible to either agent, and conditions in which bacterial resistance might develop.

The much higher penicillin blood levels produced by 'V-Cillin' and the effectiveness and safety of the triple sulfas make 'V-Cillin-Sulfa' your most valuable preparation of its type.

DOSAGE: 1 to 2 tablets q.i.d.

SUPPLIED: Each tablet provides 125 mg. (200,000 units) 'V-Cillin' plus 0.5 Gm. sulfas—equal parts of sulfadiazine, sulfamerazine, and sulfamethazine.

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#### TIPS FOR RETIREMENT PLANNING

for wayward girls) to keep an older man from boredom.

8. Test your retirement ideas in advance. Suppose, for example, you've always dreamed of buying a small farm where you can lead the good life. Better get yourself an acre or two pronto and find out if you really do like the smell of cow dung. Better still, spend a forthcoming vacation on a farm. You may find the real thing more nerveracking than Monday morning in a pediatrician's reception room.

Remember, too, that moving from your home town would

mean a complete uprooting. Don't just assume you'd be happiest basking in the Florida sunshine. During your working years, spend several extra-long vacations at the places you've tentatively selected for retirement living. Such advance testing will help you make a final choice.

9. Let your wife in on your plans. You want her to share your enjoyment of the retirement years. So give her some idea of your tentative plans. If she's like most doctors' wives, she'll have an idea or two of her own on the subject.



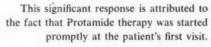
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The investigators report on a total of 109 cases of herpes zoster and 313 cases of neuritis, all of whom were seen in private practice. All but one patient in each category responded with complete recovery.



The shortening of the period of disability by this method of management is described as "a very gratifying experience for both the physician and the patient."

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## Switch to a Specialty?

These G.P.s gave up their practices, went into residencies, then hung out shingles as full specialists. Here's what they say about it

By Wallace Croatman

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Back in 1940 a young physician I knew began general practice in the small Midwestern town where he'd grown up. Within three years he had won both professional prestige and a comfortable sense of economic security.

But he had also acquired some serious doubts: He was constantly at work. There was too little time to enjoy what he earned. There was even too little time to do the best possible job for each patient.

When the Army called him in 1943, he had already decided that general practice was not for him. That feeling was strengthened by the surgical experience he picked up during three years in service. So he didn't return to his practice in 1946. Instead, he took a three-year residency in general surgery.

During the three years, he and his family were supported by savings, by his allowance under the G.I. Bill, and by his residency stipend. But they had to scrimp. In 1949 he at last set up a surgical practice—in a city fifteen miles from his former locale.

Getting started in a specialty, he soon discovered, wasn't so easy as getting started in general practice. It was another three years before he became well established.

But today the 45-year-old surgeon feels he's approaching the peak of his career. His income is perhaps 50 per cent higher than it would have been if he'd remained a G.P. His practice is large—a bit *too* large, maybe; for he works just as hard as he used to. But it's more orderly work.

Night emergencies are few; his schedule is more predictable; and he can sometimes go off with his wife and two children without feeling guilty. Most important, he's doing the kind of work he feels best suited for.

Any way he looks at it, he believes he made a smart switch. And his belief seems typical. Doctors who have made two starts in medicine—first as G.P.s and then, years later, as specialists—appear almost uniformly to have no regrets.

Such specialists-come-lately are far from rare. Note, for example, a recent study of the graduates of the University of Buffalo School of Medicine, class of 1920. It shows that only 13 per cent were full specialists seven years after graduation—but 56 per cent were full specialists thirty years after graduation.

More recent classes reflect the same trend. Take the class of 1935: Only 15 per cent were specialists after

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five years, as compared with 46 per cent ten years later.

What is life like for men who switch? What are their reasons for leaving general practice? How do they support themselves during residency? And do they find all the advantages they anticipated in their specialty fields?

To get the answers, MEDICAL ECONOMICS queried a cross-section of U.S. doctors who are now specializing after having started out as G.P.s. Here's what they say:

About 55 per cent of the surveyed men always intended to

specialize eventually. For them, general practice was a stop along the way. They saw it as a means of earning enough money to see them through their specialty training. Or they hoped that the broad experience of general practice would help them decide which specialty to choose.

The other 45 per cent of the respondents say they started general practice with no intention of switching over. Most of them made up their minds to specialize only after having become disenchanted.

Their reasons for souring on

"... can be expected to yield favorable results in at least 80% of cases."

Duncan, G.G.1

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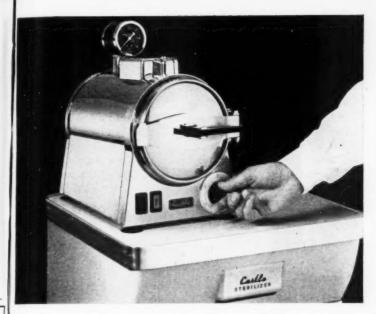
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Smith, Kline & French Laboratories, Philadelphia

 Report of the Annual Meeting & Proceedings, The Royal College of Physicians and Surgeons of Canada, October, 1953, p. 29.

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### SWITCH TO A SPECIALTY?

general medicine? Among the commonest ones cited: lack of professional and social stimulation in small-town practice; overlong, erratic hours; the difficulty of keeping up with medical progress; the lack of time and facilities for careful diagnosis.

Adds one doctor: "I decided to specialize because I got tired of handing over the cream of the practice-surgery-to someone

else." Another man took a residency in obstetrics/gynecology "simply to meet the competition from board-trained men."

The average respondent stayed with general practice almost five years before making the break. One in five was a G.P. a decade or more. And one man waited twenty-four years before taking a two-year residency in anesthesiology. MORE



"She says that the tumor has blue eyes."

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 Blanchard, K., and Furth R. A. Journal-Laurert 74 443 1953;
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Prophenpyridamine måleate Codeine phosphate

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Obstetrics/gynecology seems to be the most popular specialty to switch to. It was the choice of almost 20 per cent of the former G.P.s surveyed. Anesthesiology comes next (15 per cent); then ophthalmology and radiology (12 per cent each), followed by general surgery, orthopedic surgery, and pediatrics (7 per cent each).

### What They Lived On

Once they made up their minds to specialize, these onetime G.P.s didn't settle for short training courses. Forty per cent of them took three-year residencies; another 15 per cent went through four-year programs.

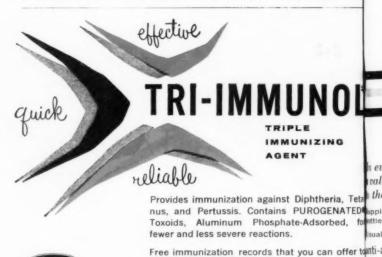
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How did they support themselves during that time? Most of them had cash reserves built up during general practice, bolstered sometimes by sale of the practice. Other partial means of support: the residency allowance itself; G.I. benefits; borrowed funds; wives' salaries.

A few doctors fell back on such money sources as investments, rental of home or office, and gifts from the family. Still fewer managed to augment their

parents. Ask the Lederle Representative or writewith



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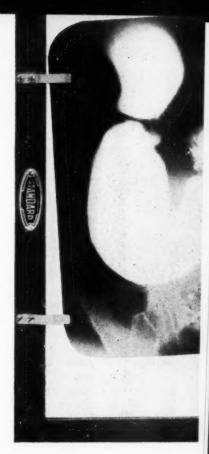
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incomes via private practice on the side.

There's general agreement that money was the big problem during residency. But one former -G.P. claims he not only paid his way but even saved quite a bit while taking his training. The explanation: a residency stipend of \$200 a month, plus a G.I. allowance, plus disability checks for a wartime leg injury.

### Where They Settled

With their specialty training behind them, more than half the surveyed doctors returned to the place where they'd practiced before. Many did so because of connections they had with doctors and patients there. Others preferred the old location for nonprofessional reasons: It was their home town, or friends and family were near-by, or they "just liked the place."

Of the sizable minority who relocated, most claim to have done so primarily because the former town was too small to support a specialist. Some cite the primitive hospital and laboratory facilities in their old locations. Others say they were lured to new places by partnership or group practice offers. One former G. P. gives this reason for moving away: He wanted to pre vent former patients from calling him as a family doctor when he was now trying to specialize.

### **Incomes Have Risen**

How does specialty practice stack up against general work? "I'm a lot better off," is the comment of about 85 per cent of the surveyed doctors who switched Here are some further comments about how the new career compares with the old:

¶ From a urologist: "My in come is twice what it was i general practice. I see about one third as many patients. I can give them all the time necessary for accurate diagnosis and satisfac tory treatment."

¶ From a pediatrician who was a small-town G.P. for twelve years: "It's too soon to tell how my practice differs today. I've been out of residency only a year. At present the usual fee is better, the collection percentage is better, the total income is still lagging. But I have more leisure time. I'm connected with the medical school in a part-time teaching capacity, and I'm on the staffs of several approved hospitals." MORE

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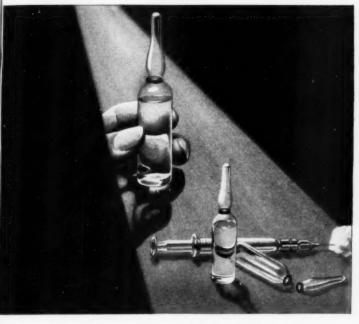


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Ataraxom is a unique, new combination of Sterane and Atarax, which now permits simultaneous symptomatic control and reduction of attendant anxiety and apprehension in rheumatoid arthritis and other indications,

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Ataraxoid exerts the anti-rheumatic, antiinflammatory activity of Sterane distinctly superior to previous steroids, effective in radically reduced dosage, and with minimal disturbance of electrolyte and fluid metabolism.

The ataractic effect is a central neurorelaxing action — the result of a
marked cerebral specificity
— free of mental fogging and
devoid of any major
complications: no liver,
blood or brain damage.
This peace-of-mind component is also used in the
lowest dosage range,

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combining the newest, safest tranquilizer, ATARAXº

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simultaneously controls the symptoms and the apprehension

In Rheumatoid Arthritis, other collagen diseases, bronchial asthma and inflammatory dermatoses

### SWITCH TO A SPECIALTY?

¶ From an Ob./Gyn. man who spent eight years in general practice: "After three years of specialty practice, my income exceeds my best previous year by several thousand dollars. I see about one-fourth the number of patients I saw in my G.P. days. I spend one-third the hours in the office."

### 'Less Pressure'

¶From a proctologist: "Many G.P. colleagues in my city have incomes higher than mine. But the number of patients I see is below that of the average G.P.,

and the large percentage of surgery in my practice keeps income up. I feel less pressure and work comfortably by appointment, leaving time for study and writing in my field."

¶ From a psychiatrist: "My income is about 75 per cent greater than it was in 1952, just before I began a three-year residency. I see eight to ten patients a day, contrasted with twenty to forty previously. I now have two days off per week and no work after office hours."

Are there *no* complaints, then? Yes, a few. For instance:

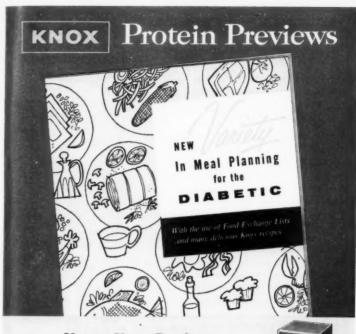
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The new Knox booklet "New Variety in Meal Planning" has been prepared to help the physician enlist the patient's enthusiasm for dietary measures and to help maintain this enthusiasm. It explains the importance of diet to the diabetic, shows him how to use the newest dietary advance-Food Exchange Lists1 -and then describes how to provide tasty variety with 14 pages of tested, diabetic recipes.

"New Variety in Meal Planning" makes no attempt to prescribe a system of treatment. It shows how the recipes described may be used to good advantage in practically any system of diabetic management. If you would like a supply for your practice, use coupon below.

1. Developed by the U. S. Public Health Service as-sisted by committees of The American Diabetic Association, Inc. and The American Dietetic Association.

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Please send me......copies of the new Knox diabetic brochure describing the use of Food Exchange Lists.

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### Bulk makes the "Regularity" Diet work!

Rough or gentle, bulk for the ordinary "regularity" diet comes from the cellulose of foods plus a liberal fluid intake. Where roughage is needed, foods may be eaten raw or cooked. In the bland diet, fruits can be stewed and vegetables puréed.

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And lots of liquid to make the cellulose bulky-about 8 to 10 glasses a day. Not all of that has to be water-some of it might be beer.\*

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Boiled beets take on new interest when they're served in a sauce of orange juice combined with sugar, cornstarch, and butter.

Apples and dates team nicely in a salad. Or for dessert, stuff cored apples with dates and bake.

Currants, raisins, or cranberries make a tasty surprise in oatmeal muffins.

When your patient learns that these bulkproducing foods can be made appetizing, he's likely to make them a part of his diet and so prevent recurrence of his condition.



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\*An 8-oz. glass of beer supplies about 1/4 the minimum daily requirement of Niacin as well as smaller amounts of other B Complex vitamins. (Average of American Beers)

If you'd like reprints of 12 special diets, please write United States Brewers Foundation, 535 Fifth Ave., New York 17



An obstetrician says: "Hours are about the same, but I get less sleep now." A surgeon says: "Better income-hours worse." A former small-town G.P. who completed his residency in ophthalmology a few years ago pulls out all the stops:

"I lost my shirt starting out in my specialty. I had to borrow money all over the lot and I'm still paying it off. With present income taxes, I'll never make up what I lost by not going back into general practice on my return from the Navy in 1947. My income is less than that of my

brother, a G.P.; yet my work schedule is as heavy as his, except that I have no night calls."

There's apparently a problem. too, in relations with former G.P. colleagues. Many of the specialists who still practice in or near their original locations say they don't get referrals from such doctors as often as they think they should.

One obstetrician points to "a definite gap between my onetime G.P. colleagues and myself. Since my specialization, I haven't received a single case from any of them." [MORE >

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An internist has the same story to tell: "The G.P.s seem unusually reluctant to send referrals to me. They apparently can't forget that they knew me when."

Most of the men who grumble, however, don't really regret their decision to enter a specialty. What some of them do regret is the way they went about it. If they could do it again, they say, they'd pick a different school, a different method of financing, or -in rare cases-a different specialty. At the very least, they'd try to have fewer illusions about the unmitigated joys of specialization.

Complains an anesthesiologist: "I expected a good deal of leisure time, but I've yet to find it. I'm the only anesthesiologist in our county in private practice, and I'm having difficulty getting another man to help bear the load. Meanwhile, my daily schedule is still seven days and seven nights. If I could do it over, I'd try to associate with a group."

A radiologist says: "So far, it hasn't worked out as well as I'd expected. It takes a long time to recoup income losses when one has a family." But he adds: "I believe that eventually it will pay off. It just takes a lot longer than planned."

One of the very few men who wholly regret their belated decision to specialize is a urologist. He intended originally to practice in the community where he'd been a G.P. But because of a dearth of cases there, he had to resettle in a much bigger city. "I find the specialty problems gratifying," he says. "But I don't like living and working in a city of half a million."

He also complains that "specialty practice has more of the overtones of a business. The liaison with referring doctors has to be maintained. Only general medicine allows the doctor complete freedom in the conduct of his practice . . . If I could do it over again, I'd remain a G.P. But I'd have one or two partners."

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### 'The Best Way'

Significantly, nine out of ten of the surveyed doctors firmly believe in the value of general practice before specialization. "It's the best way to become a specialist" sums up the overwhelming consensus. One doctor explains why in these words:

a complete prenatal formula, phosphorus-free!

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Vitamin E (as Tocopheryl Acetate)	61.0.
Iodine (as KI)	0.1 mg.
Fluorine (as CaF <sub>2</sub> )	0.09 mg.
Copper (as CuO)	0.9 mg.
Potassium (as K <sub>2</sub> SO <sub>4</sub> )	5 mg.
Manganese (as MnO <sub>2</sub> )	0.3 mg.
Magnesium (as MgO)	0.9 mg.
Molybdenum (as Na <sub>2</sub> MoO <sub>1</sub> ,2H <sub>2</sub> O)	0.15 mg.
Zinc (as ZnO)	0.5 mg.
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### SWITCH TO A SPECIALTY?

"General practice gives you the background to deal with all situations. It gives you the necessary maturity. It makes you see the patient as a whole, not just as a heart or as a stuffy nose. And it helps you build up a following."

Another physician adds that a background in general medicine helps the doctor choose the right specialty for him. "In my own case," he says, "I felt that Ob./Gyn. was my field of interest when I finished my interneship. But general practice revealed certain features of the specialty that I hadn't previously considered. I'm sure this experience prevented me from becoming a misfit in Ob./Gyn."

For G.P.s considering a shift to specialization, the surveyed men have two nuggets of advice:

1. Don't stay in general practice too long. Two or three years is plenty.

2. Don't invest more heavily in your general practice than you have to. Suggests one man: "Accept a partnership or work as an assistant to a G.P. You'll then have less financial loss when you switch."

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### Auto Insurance: Here's What You Need

With premiums still soaring, the difference between 'must' coverage and 'maybe' coverage is something you urgently need to review

By Michael H. Levy

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My client looked both angry and hurt. "Well, Mike," he announced, "it looks like you boys have done it again."

He pushed a typewritten sheet of paper across my desk. It read:

Bodily injury liability (\$50,000/\$100,000)\$	133.40
Property damage liability (\$10,000)	37.40
Medical expense coverage (\$2,000)	11.00
Comprehensive material damage	32.00
Collision coverage (\$100 deductible)	86.40
Total annual premium	300.20

"That makes it six times so far," he continued. "Six

THE AUTHOR is an insurance man who doesn't talk like one. Though he heads a busy firm of insurance brokers (The Federated Brokerage Group. New York) he's put himself repeatedly on the side of the premium-payer. In fact, his outspoken criticism of the insurance industry in a recent book caused a major stir in underwriting circles. This article approximates a portion of the book, "Your Insurance and How to Profit by It," published by Harcourt, Brace and Company, New York.

blessed rate jumps in the last seven years. You know, last night I sat down and figured it out. My total automobile insurance in those years has cost me darn near as much as my automobile!

"Who's responsible for these rate hikes? What can I do about them?"

Maybe you'd like to know those things too. So here goes:

Who's responsible? Well, the first place to look is at the insurance companies themselves—the folks who collect and play with your painful premiums. Are these people getting fat on the currently inflated auto insurance rates? They're not.

As a matter of fact, while you've been mumbling "fraud" and "highway robbery," the insurance companies have been muttering "solvency" and "survival." And the facts seem to bear them out. According to the National Bureau of Casualty Underwriters, the companies' financial losses from automobile underwriting in a single recent year came to a startling \$90 million.

Who sets the rates? An insurance friend of mine once answered this by simply pointing out the window at the traffic beneath and saying: "That's who!" Listen to the screeching brakes, the urgent horns, the occasional grate of metal against metal—and you'll realize who sets the rates.

Your automobile insurance premiums are up because

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you, in the aggregate, put them up. They're up because:

1. The number of accidents is up. We're currently in another great year for safety slogans, safety programs, safety campaigns, safety awards. At the same time, we're amassing one of the greatest records for death and destruction in highway history. The effect on your pocketbook has been well summed up by Paul H. Blaisdell, director of the Public Safety Division of the Association of Casualty and Surety Companies. He estimates the total annual cost of this highway murder and mayhem at \$3 billion plus. Then he says:

"By itself the figure may not mean much. But what if it came to you in the form of a tax bill? For a family of four, an additional tax of \$93.16 would have to be charged for 'highway heedlessness.'"

2. The price of accidents is up. If, in 1903, your Essex or Stutz Bearcat had badly injured a pedestrian, it might have cost you up to \$3,000. Today, for the same accident, the claim has climbed to \$100,000 or \$150,000, and occasionally even higher.

This \$97,000-plus difference

has come largely through the efforts of the damage-suit specialist. A lawyer of considerable training and theatrical ability, he has only one job: to get his client as big a judgment as possible. And in recent years he has done just that with spectacular success. In New York City, for instance, a broken hip recently won \$86,000. In San Francisco, a fractured back earned \$155,000.

### Top This One!

Then there was the woman in a certain Southeastern city who simply witnessed an automobile accident. She was totally untouched. But her lawyer insisted, despite the testimony of two eminent obstetricians, that the terrifying ordeal of just seeing this collision caused her to have a miscarriage.

Did the court pay off on this preposterous claim? It did, indeed—to the tune of \$98,000! The newspapers carry stories every day of verdicts running even higher, though usually for more "deserving" suits.

Every year the driver himself. serving on a jury, gets more and more generous in his judgments. On the one hand, there is the

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The measure of success with Pentids in treatment of the more common bacterial infections: Effectiveness and safety confirmed by five years' experience in millions of patients/
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big black Buick or the fierce Mack truck; on the other is the golden-haired child, the frail old woman, or the bank-clerk father of eleven. After all, why not let the insurance company pay for it?

The idea seems O.K.—except that you eventually pick up the tab.

3. Legitimate costs are up. Since 1940 hospital rates have climbed an astonishing 226 per cent. The cost of automobile repairs has also out-inflationed inflation. A property damage claim is on the average 172 per cent higher today than thirteen years ago. A bumper repair that cost \$5 in 1940 is now all the way up to around \$20-an increase of 400 per cent.

Unfortunately this is only the beginning, because . . .

4. Illegitimate costs are way, way up. The garageman wiped his hands on a piece of waste and grinned. "Well, considering you're insured, maybe I pitched that bill a bit low." He then changed the figure from \$25 to \$65. And you, all of you, paid for it.

Talk about waste and corruption! The annual yield on garage-gouging would make the Internal Revenue and R.F.C. scandals look like peanuts.

When you add to this the few, but too many, bribeable insurance adjusters, the army of professional witnesses, and the driver who somehow forgets to report that his 19-year-old son now drives the family car, you have a reasonably complete picture of just why your automobile rates are where they are.

### What You Can Do

My client had begun to squirm. "All right," he admitted. "But isn't there anything I can do about it?"

We both looked at the first item on his bill: "Bodily injury liability (\$50,000/\$100,000)... \$133.40."

"That's the big one," he said. "Seems to me we can slice that way down." And his argument seemed to make sense-at least on the surface.

Bodily injury liability covers accidents caused by his negligence. In seven years he hadn't shown any negligence and he didn't expect any in the future. So \$50,000 for an individual injury and \$100,000 for a mass accident seemed a frivolous luxury, as he saw it. MORE

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S.K.F.'s Duentric†-coated tablets make possible for the first time-

high, long-term dosage of ASPIRIN without gastric upset SKP

Indicated wherever high doses of aspirin are needed or wherever gastric discomfort makes therapy with ordinary aspirin tablets impractical - particularly in rheumatic disease.

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THIS newest product of Searle Research is the only *continu*ously effective oral diuretic that avoids *all* these disadvantages:

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ROLICTON has been found effective as an agent to eliminate, or greatly reduce the frequency of, mercurial injections.

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HE GLOMERULAR FILTERING SYSTEM



Configuration of the renal glomerulus. as revealed by the electron microscope.

(illustration by Hans Elias)



Give your patient that extra lift with "Beminal" 817

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#### AUTO INSURANCE

In essence, I told him three things:

First, he might be a good driver 99 per cent of the time. But it takes only a tiny swerve of the wheel or a half-second of wrongly applied accelerator to bring physical or financial annihilation.

### You're Still Liable

Second, you can be soaked for negative as well as positive negligence. Obviously, if you shoot through a red light and hit a pedestrian, you can and will be sued. But are you liable if you have a blowout and skid off the road into a cozy little group of picnickers? Are you liable if your steering wheel jams, your car refuses to turn, and you smash into a parked school bus? Your lawyer will tell you that the answer in both cases is a resounding "Yes."

You can be liable even when you are *not in* your car. In New Jersey a couple of winters back, a young man parked his car and went into a drugstore for a pack of cigarettes. The brakes didn't hold, and the automobile thundered down a hill into a mob of Christmas shoppers. One was killed, four were injured, and the total bill came to over \$125,000. The man's salary has been at-



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"Beminal" 817-each capsule contains:

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New improved formula



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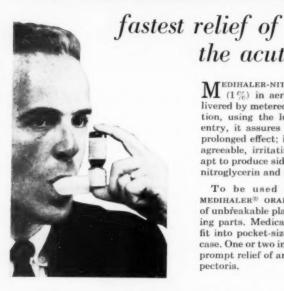
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# In Angina Pectoris

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apt to produce side actions than an nitroglycerin and amyl nitrite.

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To be used only with the MEDIHALER® ORAL ADAPTER made of unbreakable plastic with no moving parts. Medication and Adapter fit into pocket-size plastic carrying case. One or two inhalations provide prompt relief of an attack of angina pectoris.

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and for definitive therapy... fewer and fewer attacks of less and less intensity

Long-acting tablets containing pentaerythritol tetranitrate (PETN) 10 mg. and Rauwiloid<sup>®</sup> (also roxylon) 1 mg. reduce the incidence and intensity of attacks and lead to objective improvement demonstrable by ECG. Dosage: one or two tablets q.i.d., before meals and on retiring.

Pentoxylon<sup>®</sup>

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lowir claim prom tion : tached. He'll be paying for this tragedy for the rest of his life.

Finally, let's assume you're a 100 per cent safe driver who never gets speedy, sleepy, sloppy, or intoxicated, and whose car is at all times in perfect working condition. You can still be slapped with a groundless or even fraudulent suit and spend a fortune winning it.

And this is precisely what so many motorists forget: The actual judgment is only part of the cost. Court expenses, investigation fees, special bonds, and other litigation losses fill in the balance.

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### What It Covers

One of the nice things about automobile insurance is that it takes all these things out of your hands instead of out of your pocket. Basically, here is what a well-written automobile liability policy should cover:

- 1. Payment of judgment: The company will pay, up to your policy limit, any judgment awarded against you.
- 2. Investigation service: Following the accident, seasoned claims employes will make a prompt and complete investigation at no extra charge.

- Cost of defense: The company will engage expert counsel at no expense to you.
- 4. Extensive first aid: If other people are injured, the company will pay the cost of medical and surgical first-aid treatment in full.
- 5. Release of attachment, bail, or appeal bonds: If your car or other property is attached, if sudden bail is required, or if a judgment is appealed, the company will foot the bill right up to your policy limits.

If I were in your shoes, I wouldn't cut out or even cut down on my bodily injury liability coverage. What with hard-headed attorneys and softhearted juries, even limits of \$50,000/\$100,000 look a bit skimpy.

Of course, there's a silver lining in all this. Liability premiums don't rise anywhere near so fast as liability coverage. A big fat \$100,000/\$300,000 policy costs in most areas only about 50 per cent more than a virtually worthless \$5,000/\$10,000 contract. For a man of any means or substance, \$100,000/\$300,000 seems just about right. And if you're truly wealthy, I'd raise the ante all

the way up to \$200,000 on the single injury and up to \$500,000 on the four-star catastrophe.

My client looked unhappy. "I guess all that goes for this next one, too," he said, pointing to "Property damage liability (\$10,000)...\$37.40."

"That's right," I answered.

Here again the vast majority of motorists are dangerously under-insured. "What's the worst that can happen?" they ask themselves. They close their eyes and conjure up a new Cadillac limousine smashed to smithereens. Six thousand dollars, they decide.

Unfortunately, they just don't know their own strength—or the strength of their four-, six-, or eight-cylinder motor vehicle. Over the years, here are just a few of the things I've watched plain ordinary automobiles like yours accomplish:

¶ Demolish a school bus, fortunately empty (cost, \$6,000);

¶ "Jackknife" a large cargo trailer truck and send lingerie all over the landscape (cost, \$22,-000);

¶ Knock down a telephone pole, dislocating a whole village communication system (cost, \$4,000);

¶ Crumble a corner girder of a swank apartment house (cost, \$27,000).

Here again, \$10,000 coverage is minimum. For most drivers, a \$25,000 property damage contract will be well worth the small additional premium. Liability—bodily injury and property damage—is the heart, soul, and center of automobile insurance. Don't slice here unless you want to land in trouble, jail, or the bankruptcy courts.

### **About Medical Coverage**

My client quickly turned to the third item on his bill: "Medical expense coverage (\$2,000) ...\$11.00."

"Well, that one I can afford," he said. "So let's move on to . . ."

"Wait a minute," I interrupted. "Here's where we *can* begin cutting."

Liability insurance, as we have seen, covers injury or damage for which you're deemed legally liable by a court of law. It doesn't cover liability you assume voluntarily or injuries for which you feel morally obligated to pay. It is in this somewhat shadowy realm that medical expense coverage takes over.

Let's say you, Cousin Adolph,

modern sulfonamide therapy

### Sulfose

Meth-Dia-Mer Sulfonamides



It is significant that sulfonamide therapy has gained new recognition by the medical profession. With improved, effective, relatively non-toxic sulfonamides the physician can control a great variety of upper respiratory. gastrointestinal, and urinary tract infections. Sulfose is particularly notable for the sustained and high sulfonamide blood levels it produces, and its relative freedom from untoward side reactions. A special base and flavoring give this suspension excellent stability and a pleasant taste. Bottles of one pint.

Each teaspoonful (5 cc.) contains:

sulfadiazine 167 mg.
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sulfamethazine 167 mg.

Also available as Tablets Sulfose in bottles of 100 and 1,000.



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### WHAT YOU NEED IN AUTO INSURANCE

and Aunt Fanny are in the car. Your front tire hits a piece of glass and explodes, and your car shortly thereafter meets a fire hydrant. Cousin Adolph wrenches a shoulder. Aunt Fanny breaks her wrist.

Now, neither of these trusted relatives will sue you (we hope). But it would be nice if you could give them a goodly something to salve their financial as well as surgical wounds. And medical expense coverage will allow you to do just that.

We are thus dealing with courtesy as opposed to catastrophe coverage. Medical expense coverage will make you a more gracious automobile host, and your car a friendlier place in which to travel. But it won't protect you from the shattering economic effects of a long, dragged-out lawsuit. So if you have to make a choice, add the money to your liability premiums.

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On the other hand, if you can afford it, medical expense coverage is a satisfying "extra." You



"So what if her father is chief of staff-she's still cross-eyed."

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for Noludar

Mild, yet positive in action, Noludar 'Roche' is especially suited for the tense patient who needs to relax and remain clear—headed—or for the insomniac who wants a refreshing night's sleep without hangover. Not a barbiturate, not habit—forming. Tablets, 50 and 200 mg; elixir, 50 mg per teasp.



Noludar® brand of methyprylon (3,3-diethyl-5-methyl-2,4-piperidinedione)



Original Research in Medicine and Chemistry

can now buy extended coverage of this type that will pay all reasonable expenses for necessary medical, surgical, ambulance, hospital, professional nursing, and funeral services, for bodily sickness, or disease injury, caused by accident while in or upon, entering or alighting from, or through being struck by any automobile. This covers the named assured in the policy, his spouse, and the relatives of either (while residents in his household).

### What's Comprehensive?

Bodily injury liability, property damage liability, and medical payments cover the people and things you hurt with your car. Two final forms of insurance, comprehensive material damage and collision, involve your car itself. The differences between comprehensive and collision were amusingly sketched in a recent "Talk of the Town" column in The New Yorker magazine:

"An automobile owner well covered by insurance recently collided with a bear on a mountain road and filed a claim for damages. An adjuster sent him the following interim report: "'If the animal in control of its locomotion crashes into the car, that is a collision.

"'If the animal fell or jumped off a height which resulted in the loss of control of its own movements and landed on the car, that would be a falling object and Comprehensive would apply.

"'If the animal scratched the car or climbed on or around it, trying to find food, then that would not be considered collision but a Comprehensive loss because it partakes of the nature of vandalism...'"

"I usually don't meet bears," said my client, somewhat gloomily looking at this entry on his bill: "Comprehensive material damage . . . \$32.00."

"True," I said. "But you do meet little boys who daub paint on car doors, little girls who spill ink on your nice seats, big men who steal tires or whole cars—along with windstorms that rip the top off your convertible, rainstorms and floods that wreck your engine, and hailstorms that break your windows. All these are covered by comprehensive."

In fact, comprehensive automobile insurance does for your automobile what comprehensive dwelling coverage does for your reped on the overthat and the dist, that collisions of

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No piece of World News has ever been received with greater joy by parents.

No event could more clearly justify the cause of Medical Education without which a Dr. Jonas Salk would be impossible.

The costs as well as the value of adequate training of our future doctors grows constantly greater. You know all the reasons and all the advantages in supporting medical education

The question — Have you made YOUR 1956 contribution? If not, please send it either through your Alumni Committee or direct to A. M. E. F.

### american medical education foundation

535 North Dearborn Street, Chicago 10, 111.

This space contributed by the publisher

home: It protects against almost any catastrophe that nature or man can create. Here are most of the coverages:

Tire (including smoke, smudge, or scorch).

Theft and loss of use through theft. For example, if the car is stolen, the policy will reimburse you up to about \$150 for hiring a substitute auto or taxicab.

Windstorm, earthquake, explosion, flood, riot, falling objects, staining, spotting, vandalism, malicious mischief, transportation losses, rain, sleet, snow, sandstorm, and submersion in water.

### Collision Coverage

With a single glaring exception, comprehensive material damage coverage is good, sound, relatively inexpensive economic protection against just about everything that can happen to your automobile. The exception is covered by this entry on my client's bill: "Collision coverage (\$100 deductible) . . . \$86.40."

"Eighty-six dollars!" my client wailed. "And because of the deductible I have to have a really front-page crack-up to collect a dime! Seems to me I'm not getting my money's worth."

"You're absolutely right," I told him.

"I am?" He was amazed.

Collision insurance, like Prohibition, was a noble idea that went sour through abuse. Like every other type of insurance, it was designed to protect people against a specific economic risk -in this case, the lumps, bumps, jars, and crashes that punctuate the life of every automobile.

### Why It's No Bargain

But from the start the companies found themselves in steaming water. First, they were annoyed by thousands upon thousands of \$5 and \$10 claims; in time and paperwork these cost almost as much as the really big smash-ups. So they set up a \$25 deductible to eliminate these "nuisance" payments.

The motorists of America promptly met this challenge by having more minor accidents than ever and by getting their garage men to hike up the estimates precisely \$25. The insurance companies had only one course: to raise the rates and also the deductible, this time to \$50. And so the thing spiraled upward into the inflationary heavens. MORE >

in those intranasal disorders

where thick mucopurulent discharge indicates there is secondary bacterial infection, prescribe



*'Trisocort'* Spraypak\* is the intranasal preparation which provides:

- (a) Hydrocortisone—the most effective intranasal antiinflammatory agent: to reduce inflammation, edema, and engorgement.
- (b) 3 antibiotics— gramicidin, polymyxin and neomycin: to neutralize both grampositive and gram-negative bacteria.
- (c) 2 decongestants—phenylephrine hydrochloride and Paredrine† Hydrobromide: to assure both rapid and prolonged decongestion.

Smith, Kline & French Laboratories, Philadelphia 1

\*Trademark

†T.M. Reg. U.S. Pat. Off. for hydroxyamphetamine hydrobromide, S.K.F.

"The March of Medicine" presents "Monganga", the story of missionary medicine, in color, on Tuesday, November 27, 9:30 P.M., EST, over the NBC-TV network.

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#### AUTO INSURANCE

Writing a full twenty years ago, insurance expert S. C. Cyzio noted the pattern: "Collision insurance, its value being restricted and requiring high premiums, is not generally recommended." And since then those "high premiums" have climbed another 150 per cent.

Unless you own a very costly automobile of very recent vintage, forget about collision insurance. And if you do buy it, make sure you have a whopping big deductible attached. Buy for the catastrophe, not for the nuisance.

My client's car was a 3-yearold Dodge. I crossed the final item off his bill.

Looking a little happier, he reached for his hat. "Well," he decided, "I guess that cleans up my automobile insurance."

"Sure," I told him. "If you collect."

"If I collect?" His hat was back on the hook, and he was back in the chair.

And it is a very large "if." Every year motorists by the thousands spend hours creating solid and sensible automobile insurance programs—and then lose part or even all of their benefits in the first few dazzling minutes after an accident.

Here are just a few of the ways they do it—and you can too:

### Rx Information

### Meratran

### with Reserpine

Meratran with Reserpine has a two-fold use. It is effective in the treatment of anxietytension states as well as hypertension.

Meratram elevates the mood and exerts an alerting action. It restores the depressed patient to his usual level of alertness, interest and productivity, without jitters, without joil or jar. It does not affect normal appetite or sleep. As Meratram elevates the mood, reserpine relieves the anxiety or tension. Meratram with Reserpine is safe... there is no tolerance or drug habituation.

### Composition:

Each white tablet contains: Meratran (pipradrol)

Hydrochloride ... 1.0 mg. Reserpine 0.25 mg.

#### Dosage:

Mild Depressive Anxiety States
-1 tablet three times a day.
Hypertension -1 tablet three
times a day. Geriatric Dosage
-1 tablet in the morning and
1 at noon. Individual patient
response should determine optimum dosage for various indications.

#### Supplied:

MERATRAN WITH RESERPINE— In bottles of 100 small white tablets.

1. Fabing, H. D.: Dis. Nerv. System 16:3, 1955. Z. Antos, R. J.: Southwestern Med. 36:166, 1956. 3. Cohen, S.: Presented before the California Med. Assoc., April 24 1956. [To be published.]



Another Exclusive Product of Original Merrell Research

THE WM. S. MERRELL CO. New York • Cincinnati • St Thomas Ontario

TRADE MARKS

"MERATRAN WITH RESERPINE". MERATRAN®

### whenever reserpine is indicated Rx

### Meratran Reserpine

in anxiety-tension states... Reserpine's calming action relieves the anxiety or tension, as Meratran's alerting action' lifts the patient's mood. The combination produces a desirable state of alert tranquility, overcomes reserpine-induced lethargy. In doses individualized to the patient, Meratran produces no jitters, no euphoria, no pressor response. The ideal adjuvant for all reserpine therapy.

in hypertension... Meratran with Reservine controls the blood pressure without producing drowsiness. The combination overcomes reservine-induced indifference and depression. It relieves the sense of despair that frequently accompanies hypertension.



despair frequently accompanies hypertension



interest replaces indifference alertness replaces apathy

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By waiting a month before reporting the accident to the insurance company.

¶ By generously admitting "it's all my fault"-and thus in essence throwing away the liability coverage.

By forgetting to look in the back seat of the car they hitand two weeks later getting soaked for \$20,000 damages from a little man they never saw.

### Nine 'Musts'

Don't wait until the horns are tooting, the crowds are gathering, the charges and countercharges are flying, and the street corner barristers are telling you just what to do. Right now, in the relative calm of the next three minutes, read and remember these nine tips on how to make the many promises of your automobile insurance come true:

1. Admit nothing. As soon as you say "It's my fault," you're assuming liability and taking it out of the hands of the insurance company. "My insurance company will take care of it" legally means "My insurance company no longer has to take care of it."

2. If people have been injured, make sure they get prompt medical attention. (Warn anyone who drives your car that they must note the name of the doctor attending and the hospital involved. Remember, you may not always be there.)

3. Get complete information about the other car: its make, model, and year. About the other driver: his name, address, and driver's license number. About the owner: name, address, and car registration number.

4. Take down the names and addresses of all the occupants of the other car. Try (yes, try) to get a clear statement from each on the extent or absence of injury.

5. Note as fully as possible the damage to your car and to the other car.

6. Secure names, addresses, and telephone numbers of as many witnesses as possible. If a police officer is present, note his name, badge number, and precinct location.

7. Write down the location of the accident-noting on which side of the street you were driving and in which direction, whether or not you blew your horn, whether or not your lights were on.

8. Include a notation of when the accident happened-day, every blood-building factor your anemic patient may need...in just one ROETINIC capsule daily for all treatable anemias: each ROETINIC capsule contains therapeutic amounts of all known hemapoietic factors. **Each ROETINIC capsule contains:** Intrinsic Factor-Vitamin B<sub>12</sub> Concentrate . 1 U.S.P. Oral Unit Folic Acid Ferrous Sulfate, Exsiccated . Ascorbic Acid (C). Molybdenum Oxide (as the Trioxide) Cobalt (as the Gluconate) . . . . Copper (as the Gluconate) Manganese (as the Gluconate)

Zinc (as the Gluconate) . . .

Supplied: Bottles of 30 and 100 soft, soluble capsules

Need more than a hematinic? HEPTUNA® PLUS provides hemapoietic factors plus vitamins A and D, the entire B complex and 10 important minerals.



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### now-in atherosclerosis. reduce plasma cholesterol

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..."significantly"

VASTRAN FORTE' offers an important new approach to the management of atherosclerosis, by providing nicotinic acid in high concentration to reduce plasma cholesterol levels. It also provides various factors of the B-complex to spark cellular metabolism1.4,7 and protect against latent vitamin deficiencies that may be precipitated by large dosage of a single B factor.3,7

Recent clinical evidence<sup>2,6</sup> indicates that the administration of nicotinic acid in large doses "significantly" reduces plasma cholesterol levels in patients with hypercholesterolemia and causes the pattern of blood lipids to "change toward normal."

In two independent studies<sup>2,6</sup> embracing a total of 86 subjects, the administration of nicotinic acid brought about reduced plasma cholesterol levels in 81.4 per cent. As one report emphasized, nicotinic acid is "a safe drug" which can favorably alter the concentration of blood lipids in hypercholesterolemic patients.6

Among the disorders springing from long-standing hypercholesterolemia are atherosclerosis, 5 arteriosclerosis, gallstones, strawberry gallbladder and chronic degenerative lesions of the eye.\*



(A) Reconciled thrombus in fumen (B) Atheromatous plaque (C) Fibrows intime (D) Media (E) Adventitia

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ALLY EFFECTIVE PLASMA CHOLESTEROL REDUCER

#### in each VASTRAN FORTE' capsule:

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Nicotinic acid	375.0 mg.
Ascorbic acid	50.0 mg.
Riboflavin	2.5 mg.
Thiamine mononitrate	5.0 mg.
Cobalamine concentrate(Vitamin B <sub>12</sub> activity)	1.0 mcg.
Calcium pantothenate	2.5 mg.
Puridovine hydrochloride	0.5 mm

Desage: Two capsules 4 times a day.

Supply: Bottles of 100 capsules.

References: 1. Agarwal, L. P., and Dott, K.: Am. J. Ophthalmol. 27/16. 1954. 2. Attachul, R. Noff, A., and Stephen, J. D., Arch. Bischem. 25/26. 1954. 2. Attachul, R. Noff, A., and Stephen, J. D. Arch. Bischem. 25/26. 1016. 3. 1955. 4. J. All. A. A. A. M. S. Noff, A. S. M. S. M. S. M. S. M. S. M. A. J. M. S. M. S. M. S. M. S. M. S. M. A. J. M. S. M. S.

### WAMPOLE LABORATORIES

Henry K. Wampole & Co., Inc. - Philadelphia 23, Pa.

Send for samples of VASTRAN FORTE' and comprehensive data

### CLINICAL REPORT HIGHLIGHTS

In 18 patients whose concentration of plasma cholesterol was consistently higher than 250 mg, per 100 cc., the administration of nicotinic acid in high dosage reduced cholesterol levels significantly in 12.º The pattern of blood lipids changed toward normal in the majority of the 18 patients.

The ratio of beta-lipoprotein cholesterol to alpha,lipoprotein cholesterol decreased in 15 of the 18 patients.

Side effects were mild to moderate. Treatment was withheld for a few days in 2 cases, but was successfully resumed without recurrence of side effects.

It was concluded that nicotinic acid is a safe drug which may favorably alter the concentration of blood lipids in some patients with hypercholesterolemia.

. . .

2 When nicotinic acid was administered to 11 normal persons and 57 patients with various diseases, it reduced serum cholesterol levels in 58 of the 68 subjects. Hypercholesterolemic levels were more affected than normal levels.

In contrast to nicotinic acid, nicotinamide was ineffective in reducing plasma cholesterol.



#### AUTO INSURANCE

date, and hour-the weather and the condition of the street on which the smash-up took place.

9. Report all this information to your insurance company and to your state motor vehicle bureau within forty-eight hours. Failure to report to your state motor vehicle bureau may well be a misdemeanor and a ground for suspension of both your driving license and your auto registration.

### Tips on Buying

In summary, then, here's what you need of the five tricky coverages that add up to automobile insurance:

Bodily injury liability: Protection against bankruptcy. Buy in big chunks of \$50,000 and up.

Property damage liability: Protection against catastrophe. Ten thousand dollars is strictly minimum.

Medical payments: A courtesy coverage. You probably don't need it.

Comprehensive material damage: All-around economic protection against almost anything that can happen to your car. A good buy.

Collision insurance. Too expensive-unless your automobile is particularly expensive and END new.

ACHRON

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### for preventing and treating upper respiratory infections...



Tetracycline-Antihistamine-Analgesic Compound

ACHROCIDIN is a comprehensive formula for treatment of complications of the common cold, particularly when bacterial sequelae are observed or expected from the patient's history or during widespread infections.

Distressing symptoms of malaise, headache, muscular pain, mucosal and nasal discharge are rapidly relieved.

And potent prophylaxis is offered against other diseases, such as otitis media, sinusitis, adenitis, and bronchitis, to which the patient may be highly vulnerable at this time.

ACHROCIDIN is convenient for you to prescribe-easy for the patient to take. Average adult dose: two tablets four times daily,

Available on prescription only

Each tablet contains: ACHROMYCIN® Tetracycline Phenacetin ..... Caffeine Salicylamide 150 mg. Chlorothen Citrate .... Bottle of 24 tablets



LEDERLE LABORATORIES DIVISION. AMERICAN CYANAMID COMPANY, PEARL RIVER, N. Y.

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The time to use first names . . . the place to demonstrate personal interest . . . the way to get your assistants to follow your lead

By John E. Eichenlaub, M.D.

"Impersonal?" Mrs. Phillips exclaimed. "Far worse: positively arctic."

Mrs. Phillips had just returned from a Medical Mecca, completely diagnosed and utterly upset.

"Why, nobody except the accounting office even knew my name," she said. "Doctors, secretaries, laboratory girls—they all said: 'Do thus-and-so' or 'Come along now' or 'Tell me what's been bothering you again, please.' Never a name, not once, except when the flunkies came for me in the waiting rooms.

"And those waiting rooms! Children screaming and whining for hours on end. Fat old women awaiting X-rays with their nudity flopping out of size-twelve gowns. Quaking surgical prospects brushing elbows with groaning survivors of the knife. All stark, all cold, a

total vacuum of unconcern. Not one personal touch. No pictures, no magazines, not even a 'Be Seated' sign."

Big clinics often fight a losing battle against depersonalization. Smaller medical groups have plenty of trouble, too. Even the solo doctor with the warmest personality in the world has to keep hammering at his help to personalize, personalize, personalize.

Have you noticed how the best salesmen trade in names? "This is Randy Jones speaking for Fags," the TV announcer will say. Those words may cost \$100 each; but the advertising men don't mind. They know that the right self-introduction can convert a crass pitch into a personal appeal, thus making it at least 10 per cent more effective.

If a hard-bitten salesman can get people to react better simply by introducing himself, a doctor's secretary can certainly do the same. But I have never yet had a receptionist who spontaneously gave her own name to every new patient.

Your girl may give her name on the phone. But face to face with an obvious newcomer, she shies away from saying: "I'm Miss Jones. May I help you?"

"It's not like on the phone," one girl said to me when I broached the idea. "They know they're in the right office. They can see that I'm the one to speak with."

"But they don't know who you are," I said.

"So what? I'm just the girl behind the desk. And

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### The Well-Proportioned Nutrients in **Enriched Bread**



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### Equally Important in BLAND DIETS

 $W_{\mathtt{HETHER}}$  the bland diet is prescribed in peptic ulcer, gastriti enteritis, colitis, or postoperatively, Enriched Bread fits the aims of the diet and at the same time provides a well-proportioned list of needs nutrients.

Enriched bread, plain or toasted, is bland in nature, soft and open texture, and almost neutral chemically. The fresh appeal of enriched brea its pleasant taste, and its easy blending with other foods, combine to give it a significant place in bland diets.

The added nutrients of enriched bread are selected qualitatively an quantitatively because of their importance in everyday nutrition. The have proved particularly advantageous when the intake of certain vitamin bearing foods must be restricted.

> Six average slices of enriched bread (containing 4% added nonfat milk solids) provide 12 grams of good quality protein (flour protein supplemented with milk protein), 0.36 mg. of thiamine, 0.26 mg. of riboflavin, 3.35 mg. of niacin, 3.5 mg. of iron, and 126 mg. of calcium.

> These amounts represent from 16 to 29 per cent of the respective daily needs for good adult nutrition.

AMERICAN BAKERS ASSOCIATION 20 NORTH WACKER DRIVE . CHICAGO 6, ILLINOIS

The nutritional statements m The nutritional statements made in this vertisement have been reviewed by the Cocil on Foods and Nutrition of the Ameri Medical Association and found consist with current authoritative medical opini that's all I'll ever be to most of them."

"Maybe in some other office—but not in a doctor's. Medical care is care—people reaching out to help other people. You can't be an office fixture here, or a mechanical attachment to the type-writer. You've got to be a known person to everyone who comes in. You've got to reflect me, as far as personal interest is concerned."

"That sounds like a pretty big order."

"No, it isn't; but it's an important one. Every person who comes through that door ought to know your name before he sits down.

"Introduce yourself right away if you're sure the patient hasn't been in before. If you're in doubt, ask his name and look up his record. If he's new, or if he hasn't been in since you joined us, introduce yourself then. And to help yourself remember which patients you've actually met, mark the patient's record with a green check after you've introduced yourself. The last girl used red, and the device worked well."

Patients, too, need help in remembering. A desk marker



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### YOUR PATIENTS COMPLA



of being tired and listless



of memory lapses

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### PLESTRAN



can help them overcome middle-age slowdown

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of muscular aches and pains

of feeling old before their time

Plestran is indicated to help restore muscle tone and vigor in middle-aged or elderly patients who complain of chronic fatigue . . . reduced vitality . . . low physical reserve . . . impaired work capacity . . . depression . . . muscular aches and pains . . . or cold intolerance. Such "signs of aging," far from being the result of physiologic disturbances may often result from endocrine imbalance, especially gonadal and thyroid dysfunction. Plestran provides ethinyl estradiol (0.005 mg.); methyltestosterone (2.5 mg.), and Proloid<sup>®\*</sup> (½ gr.)—hormones that can correct endocrine imbalance and often halt or reverse involutional and degenerative changes. 1-1

Plestran restores work capacity and a sense of well-being, usually within 7 to 10 days. It improves nitrogen balance, leads to better muscle tone and vigor, enhances mental alertness, helps to correct such conditions as osteoporosis, senile skin and hair texture changes, and relieves muscular pain.

The anabolic and tonic effects of the hormones in Plestran appear to be enhanced by combination so that small dosages are highly effective. Combination also overcomes some of the disadvantages of therapy with a single sex hormone, such as virilization, feminization or withdrawal bleeding.

Dosage: Usually one tablet daily; an occasional patient may require two tablets daily, depending on clinical response.

Supplied in bottles of 100 and 500.

References: I. McGavack, T. H.: Geriatrics 5:151 (May-June) 1950. 2. Masters, W. H.: Obst. & Gynec. 861 (July) 1956. 3. Kimble, S. T., and Stieglitz, E. J.: Geriatrics 7:20 (Jan.-Feb.) 1952. 4. Kountz, W. B., and Chiefli, M.: Geriatrics 2;344 (Nov.-Dec.) 1947. 5. Eirnberg, C. H., and Kurzrok, R.: J. Am. Geriatrics Soc. 3:656 (Sept.) 1955.

\*Purified thyroid globulin

### WARNER-CHILCOTT

100 YEARS OF SERVICE TO THE MEDICAL PROFESSION

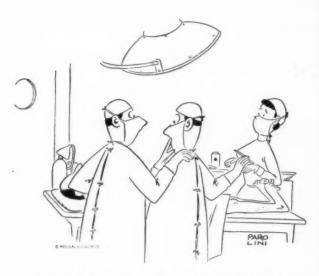
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reminds them of the receptionist's name on future visits. Given that assist, my girl kept track one afternoon; she found that fifteen out of twenty patients called her by name sometime during their stay in the office. Ever since then, she has introduced herself unfailingly, both to callers on the telephone and to new people in the office.

Getting your receptionist to give her name is, of course, only half the story of waiting-room personalization. The other-and more important—half is getting her to use the patient's name. Here's an office memo I review with each new girl:

"Greeting the patient by name is an unmistakable gesture of personal interest. It keeps him from feeling he's 'just a patient' to be tolerated and exploited instead of met and helped. So use each patient's name as much as possible. For instance:

"1. Get the name straight the first time you encounter it, over the phone or in person. Have the



"Nasty little slice you've developed there, Peabody."

a broader spectrum of topical antibacterial activity than any single agent

# **NEOSPORIN'**

for topical bacterial infections DERMATOLOGIC & OPHTHALMIC



'NEOSPORIN' brand

ANTIBIOTIC **OPHTHALMIC** SOLUTION

Polymyxin B-Gramicidin-

Bottles of 10 cc. with sterile dropper.



----

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

'NEOSPORIN' brand ANTIBIOTIC DINTMENT Pelymyxin 8-Bacitracin-**Heamycin** Tubes of 1 oz., 14 oz. with applicator tip, and 14 oz. with ophthalmic

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patient spell his name and pronounce it for you, if necessary. Respell the name phonetically if it's unusual (you can find phonetic symbols in the dictionary). Enter this respelling on the patient's record, both for your benefit and as a help to me.

"2. Try to use the patient's name at least twice in every phone call. Get into the habit of saying things like 'Yes, Mr. Jones, what can I do for you?' and 'The doctor can see you at 10, Mr. Jones.' As a general rule, any sentence that includes the word 'you' can use a name. Conclude the call by saying, 'Goodbye, Mr. Jones,' or 'We'll be expecting you, Mr. Jones.'

"3. Use the patient's name at each stage of his office visit. Pull the records of people with appointments ahead of time, so that you'll see their names before you greet them. Use each name immediately, before the patient takes the wind out of your sails by giving you his name first. Add the patient's name to every direction you give ('Have a seat, Mr. Jones,' or 'Will you come this way, Mr. Jones?' or 'The doctor can see you now, Mr. Jones'). And be sure to say 'Goodbye, Mr. Jones,' even if

the patient doesn't stop at your desk to make another appointment or to pay his bill. This is particularly important. Patients like to feel your interest is unrelated to fees or further services."

One new receptionist reinforced these instructions with red-typed reminders at key spots around the office. I found a card stuck to the record file that said "USE HIS NAME when you ask him to sit down." Another, clipped to the inside cover of the receipt book, said "Thank you, Mr. Blank." This girl did a good job of personalizing, and she gave the red reminders credit.

### What You Can Do

Your secretary can do a lot along these lines. But you, as the doctor, can do even more. And you can start before the patient even opens the door. You can start by putting more of yourself in the reception room—by revealing your own personal interests and thus encouraging patients to follow suit.

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My hobby happens to be photography. The things I photograph are pretty personal. My youngsters are the main subjects. I've always made full-size display prints of the pictures I like best,



### Your verdict was "DELICIOUS!" and your patients will agree

"This is for me—because I love good coffee!" Comments like this were heard at the Instant Sanka booth.

Good evidence that if you're a coffee lover, you'll enjoy Instant Sanka, Because Instant Sanka is 100% pure coffee—rich, full-bodied coffee, Only the

caffein has been removed.

And just as a reminder—why not tell your caffein-sensitive patients about Instant Sanka Coffee? They can drink as much Instant Sanka as they want without being bothered by sleeplessness or jitters due to caffein.

INSTANT SANKA COFFEE



All pure coffee ...

**Product of General Foods** 

MEDICAL ECONOMICS · NOVEMBER 1956 281

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three patients...three piperidols

for patients who need

rapid, prolonged

relief throughout

the G.I. tract

# TRIDAL

paired piperidol action

Provides comprehensive control—
relief of pain and spasm PLUS normalization
of motility and secretion—
to help restore gastrointestinal function.





tients wins



and one of my friends finally asked:

"You must be proud of those pictures. Why don't you put them in your waiting room?"

"I don't know," I said. "I don't like to shove my children's pictures at people who don't know them."

"Yes, but those aren't just pictures of your kids. They're good, general, human-interest photos that anyone would enjoy. Look at the way you've caught the texture of the water here, where the youngsters are throwing it at each other. That's real art."

"Oh, go on!"

"Well, it is good photography. Why don't you let people see this side of you? It shows that you're not just a medical robot."

That's the remark that convinced me. I'm still not sure my pictures would take any prizes. But I know they show something of me to my patients, and many of them say they enjoy them.

There's another way I personalize: I always introduce myself, unless my secretary does it for me. I shake the patient's hand and say: "I'm Dr. Eichenlaub, Mr. Smith. What can I do for you?"

If the patient is much younger

than I am, I tend to use his first name promptly. With males in my own age group, I generally use first names during or after the physical examination. But with women or older men, or where social status or race make the first-name issue sensitive, I go slow. Servants especially enjoy the respect of Mr., Mrs., or Miss, and it doesn't cost anything to give it to them.

### Who's Indifferent?

MEDICAL ECONOMICS has reported this before, but it bears repeating: 43 million Americans believe that doctors lack personal interest in their patients. And 21 per cent of all doctors agree.

Doesn't that make it worthwhile to personalize—by having your assistants give their names to every patient, by having the patient called by name over the telephone and in the office, by revealing your own interests in your reception room, by introducing yourself, and by using the patient's name at every reasonable opportunity?

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Personalize, personalize, and personalize some more. It's the cheapest way there is to make patients happy. It's also one of the best ways.

END



finish-all contribute to a new luxury "feel". Your supplier will show it to you-or write: Bausch & Lomb Optical Co., Rochester 2, New York.

> BAUSCH & LOMB SINCE

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# How to Pick An Investment Company

Here are helpful rules for choosing a mutual fund or closed-end investment company that will be most likely to satisfy your needs

By Leo Barnes, PH.D.

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If you're thinking of putting some money into one or more mutual funds or closed-end investment companies, your big problem is to decide which ones. Best way to arrive at a decision: Get the answers to three questions.

- 1. Which investment companies are *eligible* for you because they match your personal investment aims?
- 2. Which of the eligible ones are *suitable* for you because of size, diversification, and efficient operation?
- 3. Which of the suitable companies are *best* for you in terms of past performance?

Take the first question first: There are several ways to determine whether a company matches your personal investment aims:

Find out the type of securities in its portfolio. You'll

THE AUTHOR is chief economist of Prentice-Hall, Inc. This article has been adapted from a portion of his book "Your Incestments," by special arrangement with the publisher, American Research Council, Inc., Larchmont, N.Y.

note, for example, that some companies limit themselves to common stocks, or bonds, or preferred stocks. Others buy a combination of all three. You'll find still other companies buying only stocks of a single industry or of a single region.

Find out its stated purpose. An investment company's objective may be income, long-term growth, or protection of capital.

"Growth" fund may in fact show less growth than a "conservative" fund; it may pay bigger dividends than a so-called "income" fund. So if you want income, invest in a company that has *shown* that it pays a good return. If you want capital gain, choose one that has *shown* a better-than-average ability to realize large capital gains for its shareholders.

## **Picking Suitable Funds**

Once you've chosen *eligible* companies, you're ready for the second question: Which ones are also *suitable* for you?

An eligible investment company with a great record may still be wrong for you. It may be too small. Or its shares may be too unmarketable or too costly. Or its present managers may be different from those responsible for its past record.

Here are some tests of suitability:

Relative size. The larger the assets of an investment

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smooth hypnotic effect



# Doriden

without barbiturate after-effect



# Physicians report on LOPICEN:

"... induced sleep in twenty-three of the twenty-five patients... within fifteen to forty-five minutes..."1

"Rapid and effective hypnosis... in 43 of 48 patients..."2

"... well tolerated by patients of all ages and in a wide range of diseases."2

"So successful has Doriden been that it is used routinely as a hypnotic in my wards.'

"...a very good therapeutic adjunct in preoperative sedation for patients undergoing proctologic or general surgery."5

"The great majority of our patients... were able to sleep restfully for five to seven hours."

"...a safe and effective hypnotic..."

... it appears to have definite therspeutic benefit in relief of insomnia and reduction of anxiety state."?

"Hangover' is remarkable by its absence..."

#### References:

L. Matlin, E.: Medical Times 84:68 (Jan.) 1956.

1. Lane, R. A.: New York J. Med. 55:2343 (Aug. 15) 1955.

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6. Blumberg, N., Everts, E. A., and Goracel, A. F.: To be published

7. Stewart, J., Reilly, E. A., and Reskoff, Y. B.: Personal communication.

DORIDEN' (glutethimide CIBA)

Dosage:

Supply:

As a hypnotic-0.5 Gm. at bedtime As a daytime sedative -

0.125 or 0.25 Gm. t.i.d.

Tablets, 0.125 Gm.,

and 0.5 Gm. (scored)

0.25 Gm. (scored)

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TABLETS

gentle therapy with a rational combination of bile salts. mild laxatives, digestants.

# CONSTIPATION



in boxes of 20, 40 and 80 tablets, each tablet sealed in sanitary tape. Samples on request.

Drew Pharmacal Co., Inc. 1450 Broadway, New York 18

# CONSTIPATION



INVESTMENT COMPANIES

company, the less each investor must pay for adequate investment management.

To illustrate: Assume a yearly management fee of 0.5 per cent of net asset value. A fund with assets of \$2 million would be able to provide only \$10,000 a year for investment management. By contrast, a \$10 million fund would be able to pay \$50,000 a year. Chances are, it could safely pay somewhat less, reducing the cost per investor.

## How Big Is It?

You should have very special reasons, indeed, for putting your money into an investment company with less than \$8 million in assets.

Above this minimum, the size of an investment company is not a decisive factor. Remember. though, that a very large fund may be somewhat less liquid than a smaller fund. Reason: Its holdings in a few leading securities may be so big-even though the fund is well diversified-that it can't sell out promptly without depressing the market. By contrast, even the largest holding of a minor-size fund is likely to be small enough to enjoy complete liquidity.

Age and recession experience. Many of the mutual funds were

# High concentration

# Topical Salicylate Therapy

# for safer, more effective relief of rheumatic pain

■ Topical salicylate therapy is being rediscovered as perhaps the safest, most effective remedy for aching joints and muscles.

Increased percutaneous absorption of salicylate, with enhanced blood flow through the affected tissue is provided by BAUME BENGUÉ, offering up to 2.5 times more methyl salicylate (19.7%) and menthol (14.4%) than other topical salicylate preparations. In arthritis, myositis, bursitis and arthralgia, BAUME BENGUÉ induces deep, active hyperemia and local analgesia.

Lange and Weiner suggest the term "hyperkinemics" to describe preparations such as BAUME BENGUE which produce blood flow through a tissue area. They point out that hyperkinemic effect, as measured by thermoneedles, may extend to a depth of 2.5 cm. below the surface of the skin.(J. Invest. Dermat. 12:263, May, 1949.)

Two strengths: regular and children's.

Thos. LEEMING & Co., INC.
155 E. 44th Street, New York 17, N. Y.

Menthol-induced hyperemia plus high local concentration of salicylate has been rediscovered as one of the most promptly effective remedies for rheumatoid discomfort due to exposure.



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High concentration topical salicylate-menthol therapy (BAUME BENGUÉ) offers sale, penetrating relief of painful joints and muscles caused by overexertion.

# Baume Bengué

ANALGÉSIQUE





# Consider the Advantages of ANACIN to relieve DYSMENORRHEA and PRE-MENSTRUAL TENSION

Your patients will appreciate the speed and efficiency with which Anacin relieves pain of functional dysmenorrhea as well as preperiod nervous tension. Anacin safely continues its analgesic effect over a prolonged period, providing mild sedation without the use of barbiturates. Tolerance is excellent. Anacin can not upset the stomach. This dependable formula is available at all pharmacies for the convenience of your patients. They will also appreciate the *economy* factor of Anacin Tablets.

always

ANACIN

WHITEHALL PHARMACAL COMPANY, NEW YORK, N. Y.

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launched in the 1940s and 1950s. Except for moderate declines, as in 1946-49, the years since 1942 have brought steadily rising security prices.

So almost every investment company can show big gains in the past decade, or throughout its existence if it started up less than ten years ago.

If you're quite conservative, then, you'll limit yourself to seasoned investment companies that

have lived through at least one depression. This test alone will narrow your choice considerably.

If you're less conservative and want to buy a newer fund, choose from among those companies that performed relatively well in the one bear market of recent years-that of 1946-49. Otherwise, invest in a newer fund only if you have an intimate acquaintance with and faith in its management, and if its



"There isn't any 'rest of it.' "

LEDERI



hasten convalescence with

STRESS(

Stress Formula Vitamins Lederle

STRESSCAPS, a complete vitamin formula that provides essential nutritional supplementation in cases of shock, trauma, burns, fractures, etc.

STRESSCAPS promote wound healing, and stimulate antibody production as well as providing a nutritive reserve of water-soluble vitamins.

#### FACE CAPSULE CONTAINS:

EAGH CAPSULE CONTAINS.	
Thiamine Mononitrate (B <sub>1</sub> ) 10 r	ng.
Riboflavin (B <sub>2</sub> ) 10 r	
Niacinamide 100 r	
Ascorbic Acid (C) 300 r	
Pyridoxine HCl (B <sub>6</sub> ) 2 r	
Vitamin B <sub>12</sub> 4 mcg	m.
Folic Acid 1.5 r	ng.
Vitamin K (Menadione) 2 n	ng,
Folic Acid	ng.



filled sealed capsules

STRESSCAPS are supplied in a dry-filled sealed capsule, thereby eliminating any distasteful fats or oils and unpalatable after-taste.

AVERAGE DOSE: 1.2 capsules daily depending upon the severity of the condition.

LEDERLE LABORATORIES DIVISIONAMENICAN Gunnamid company PEARL RIVER, NEW YORK Lederle



MEDICAL ECONOMICS · NOVEMBER 1956 295

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performance record is exceptionally good.

Diversification. If your targets aren't purely speculative, you'll want to check an eligible fund to see how well its investments are diversified. Here are the tests to use:

First, industry diversification. There are mutual funds that specialize in the securities of a single industry, like chemicals or electronics. Some have been quite successful. But they leave the job of diversification strictly up to you. So they're not suita-

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# 51-Year\* Performance Record Of Selected Mutual Funds

The volatility figure given for each fund shows whether its shares moved up and down faster or slower than the Dow-Jones Industrial Average did. Thus, a rating of 113 means that the shares appreciated and depreciated 13 per cent faster than the average; a rating of 91 means they moved 9 per cent more slowly than the average. A plus sign (+) shows they appreciated relatively faster on rises than they depreciated on declines. A minus sign (—) means the reverse. The income figures denote the average annual dividend rate. Capital gain figures show the increase in net assets per share, plus all capital distributions; for closed-end companies an additional column gives the percentage increase in market price. The method of arriving at income and capital gain figures is explained in the accompanying article. Inclusion of a company in the table does not constitute a recommendation of its shares, or a guarantee that its future performance will equal that shown.

<sup>9</sup> Jan. 1, 1950 through June 30, 1955.

ble for the average investor. To be truly diversified, a fund should invest no more than 10 per cent of its assets in a single industry.

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Third, geographic diversification. If you heed the two previous rules, you'll usually get geographic diversification almost automatically. But there are funds that specialize in the se-

CONSERVATIVE	

Company and Year Founded	Vola	stility	Income	Capital Gain	
American Business Shares ('32)	499	6 (-)	4.0%	80%	
Axe-Houghton Fund B ('38)	78	(-)	4.2	86	
Boston Fund ('32)	67	(-)	3.8	66	
Commonwealth Fund A & B ('38)	45	(+)	3.8	48	
Commonwealth Invest. Co. ('32)	73	(-)	4.2	74	
Diversified Investment Fund ('44)	78	(-)	5.6	85	
Eaton & Howard Bal. Fund ('32)	69	(+)	4.0	70	
General Capital Corp. ('29)	62	(+)	1.3	104	
Hamilton Fund—HC-7 ('48)	62		4.1	77	
Investors Mutual ('40)	61		4.4	59	
Knickerbocker Fund ('38)	48	(+)	3.0	74	
Massachusetts Life Fund ('47)	57	(-)	3.7	47	
Nation-Wide Securities ('32)	62	(-)	4.3	49	
New England Fund ('31)	63		4.2	66	
Putnam Fund ('37)	73		4.1	80	
Scudder, Stevens & Clark ('28)	53	(+)	3.4	55	
Shareholders' of Boston ('48)	80		4.7	91	
Stein Roe & Farnham Fund ('49)	62	(+)	3.4	78	
Wellington Fund ('28)	66	(+)	4.0	63	
Conservative Funds' Average	64		3.9	71	

[MORE >

curities of a single state, like Texas, or a single country, like Canada. Before investing in such funds, be sure they meet your investment needs.

Marketability. Almost all of an eligible fund's securities should be listed on major stock exchanges. (Well-known unlisted securities—like Time, Inc.; Weyerhaeuser Timber; Bausch & Lomb, Inc.—are, of course, exceptions to the rule).

By the same token, most of a fund's investments should be in leading, active securities (the so-called "blue chips") that can be sold quickly without much of a spread between the bid and asked prices.

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Sales charge. Usually, when you buy shares of a mutual fund,

## MUTUAL FUNDS' PERFORMANCE (Cont.)

#### INCOME FUNDS

Company and Year Founded	Volatility	Income	Capital Gain
Dividend Shares ('32)	86%(-)	4.6%	89%
National Securities Income ('40)	70 (-)	6.0	59
Puritan Fund ('46)	65 (-)	5.4	8/
United Income Fund ('40)	93 (+)	5.2	113
Income Funds' Average	79	5.3	87

#### GROWTH FUNDS

Axe-Houghton Fund A ('34)	839	% (-)	3.5%	92%
Bullock Fund ('32)	102	(-)	4.7	117
Eaton & Howard Stock Fund ('31)	93	(+)	3.9	132
Mass. Invest. Growth Stock ('32)	110	(+)	3.2	152
National Investors Corp. ('37)	101		3.8	132
Selected American Shares ('33)	99	(-)	4.7	103
Growth Funds' Average	98		4.0	121

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Derivation of All Presently-Used Leads

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> Answers to Basic Questions about Standardization

The Personal Side of Metabolism Testing

Check List for Instrument Checkup

**Basic Layout and** Equipment for a **Testing Room** 

And many others

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mbridge 39, Massachusetts

EVERY two months the Sanborn Technical Bulletin is sent free of charge to all Viso-Cardiette and Metabulator owners, to help them get the greatest possible usefulness from their Sanborn electrocardiographs and metabolism testers. How the Technical Bulletin does this is well illustrated in the typical article titles listed at the left. Practical, timely information on ECG and metabolism testing techniques, accessories, and services are presented in every issue. And, many of the articles are written in answer to specific questions sent in by doctors and technicians.

This unique publication is now in its 36th year, and remains a benefit found only in Sanborn instrument ownership. As a continuing source of helpful data, the Technical Bulletin is still another example of how Sanborn keeps your interests and satisfaction in mind for as long as you are a Sanborn owner.

you buy them direct, and there's a sales charge (or loading charge) amounting to 7 or 8 per cent of the offering price. But shares of closed-end investment companies are listed on

the various stock exchanges; so you tend to pay only the usual (and lower) broker's commission on them. A very few mutual funds charge no commission at all. MORE

### MUTUAL FUNDS' PERFORMANCE (Cont.)

#### AGGRESSIVE FUNDS

MOUNESSIVE	LONE	/3		
Company and Year Founded	Vol	atility	Income	Capital Gain
Affiliated Fund ('34)	809	%(+)	4.8%	73%
Broad Street Investing Corp. ('29)	94	(+)	5.3	114
Colonial Fund ('04)	85	(-)	4.5	75
Delaware Fund ('37)	94	(-)	4.2	85
Equity Fund ('32)	92	(+)	3.7	109
Fidelity Fund ('30)	103	(+)	5.2	130
Financial Industrial Fund ('35)	96	(-)	4.7	126
Fundamental Investors ('33)	111	(-)	4.7	121
Group Sec. Com. Stk. Fd. ('33)	98	(-)	5.8	88
Incorporated Investors ('25)	113	(+)	4.3	163
Investment Co. of America ('33)	95	(+)	4.0	118
Investment Trust of Boston ('31)	115	(+)	5.3	152
Investors Stock Fund ('45)	94	(+)	4.5	113
Keystone Custodian S-2 ('32)	94	(-)	5.6	99
Loomis-Sayles Fund ('29)	59	(+)	2.9	57
Mass. Investors Trust ('24)	101	(+)	5.1	137
National Sec. Stk. Series ('40)	88	(-)	6.8	94
Pioneer Fund ('28)	59	(+)	4.4	121
Scud., Stev. & Cl. Com. Stk. ('29)	99	(+)	3.7	119
United Accumulative Fund ('40)	89	(+)	5.5	135
Aggressive Funds' Average	93		4.8	111

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TERFONYL
SQUIBB
Meth-Dia-Mer Sulfonamides
Caution: Federal law prohibits
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Important Fend dest fastes

E.R. SQUIBB & SONS, NEW YORK
CIVISION OF MATHIESON CHEMICAL CORP.

Squibb Meth-Dia-Mer Sulfonamides

A reliable, versatile therapeutic agent. Recommended for the many sulfonamide-susceptible infections, particularly those requiring high blood levels. Terfonyl is soluble throughout the entire pH range of human urine.

TERFONYL Tablets, 0.5 Gm., bottles of 100 and 1,000.

TERFONYL Suspension (raspberry flavor), pint bottles.

Each 0.5 Gm, tablet or 5 cc, of suspension contains:

sulfadiazine 167 mg. sulfamerazine 167 mg. sulfamethazine 167 mg.

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# In Constipation NEW CONFIRMINGS

"...dioctyl sodium sulfosuccinate [Doxinate] results in restoration of normal function both in terms of stool consistency and frequency."

-CASS, L.J., AND FREDERIK, W.S.: AM. J. GASTROENTEROL. (NOV.) 1956.

"Our results indicate that effective fecal softening is generally adequate to permit correction of chronic constipation of the spastic type."

-FRIEDMAN, M.: AM. PRACT. & DIGEST OF TREATMENT (OCT.) 1956.

# PARTICULAR CONDITIONS FOR DOXINATE THERAPY

- Spastic Constipation
- Anorectal Conditions
- Pregnancy
- Pediatrics

# **DOXINATE®**

PROCTYL SOOHBA SHI FOSHICCINATE LLOVO

THE ORIGINAL FEGAL SOFTENER

202466

ADULTS-2 or 3 soft gelatin green 60 mg. capsules daily.

INPANTS—1 or 2 cc. Dozinate Solution 5%

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# ICCLINICAL RESEARCH

"In the atonic group....the simultaneous use of mild laxation [Doxinate with Dantaron]...is preferred...."

-FRIEDMAN M. AM. PRACT. & DIGEST OF TREATMENT (OCT.) 1956.

# DOXINATE®

WITH

# DANTHRON

PATENT PENDING

## IS FREQUENTLY PREFERRED IN:

- Atonic Constipation
- Chronic Functional Constipation
- Geriatrics
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Danthron (1,8-dihydroxyanthraquinone) is a mild, non-habit forming peristaltic stimulant acting only on the large bowel.

#### DOSAGE:

For adults and children over 12—one or two soft gelatin brown capsules (containing Doxinate, 60 mg.; Danthron, 50 mg.) at bedtime for 2 or 3 days or until bowel movements are satisfactory.

LLOYD

BROTHERS, INC. - CINCINNATI 3, OHIO

"In the interest of medicine since 1870"

To what extent should acquisition costs influence your choice among eligible funds or companies? The answer lies in their past performance and expected performance. Obviously, a fund that makes no sales charge isn't

a good investment unless in performance at least matches that of other eligible funds and investment companies.

Operating costs. Much the same reasoning applies to operating costs. Past performance

# 51-Year Performance Record Of Selected Closed-End Companies

Volati	ility	Inc. me	Capital Gain	Increase in Market Price
1359	6(-)	5.4%	115%	97%
78	(+)	4.5	105	131
126	(+)	5.3	110	131
112	(+)	7.1	136	163
74	(+)	5.4	139	1 11
108	(+)	2.6	112	60
92	(+)	3.7	77	30
106		3.1	136	95
69	(-)	4.3	77	44
125		5.3	95	149
87	(+)	4.2	318	304
78	(+)	3.8	92	57
81	(+)	3.3	99	62
183	(+)	7.6	228	201
42	(+)	4.9	50	93
196	(+)	3.7	201	242
106		4.6	131	122
	1359 78 126 112 74 108 92 106 69 125 87 78 81 183 42 196	78 (+) 126 (+) 112 (+) 74 (+) 108 (+) 92 (+) 106 69 (-) 125 87 (+) 78 (+) 81 (+) 183 (+) 42 (+) 196 (+)	135% (-) 5.4% 78 (+) 4.5 126 (+) 5.3 112 (+) 7.1 74 (+) 5.4 108 (+) 2.6 92 (+) 3.7 106 3.1 69 (-) 4.3 125 5.3 87 (+) 4.2 78 (+) 3.8 81 (+) 3.3 183 (+) 7.6 42 (+) 4.9 196 (+) 3.7	Volatility         Inc. me         Gain           135% (-)         5.4%         115%           78 (+)         4.5         105           126 (+)         5.3         110           112 (+)         7.1         136           74 (+)         5.4         139           108 (+)         2.6         112           92 (+)         3.7         77           106         3.1         136           69 (-)         4.3         77           125         5.3         95           87 (+)         4.2         318           78 (+)         3.8         92           81 (+)         3.3         99           183 (+)         7.6         228           42 (+)         4.9         50           196 (+)         3.7         201



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7%

excellent remedy for a poor appetite

# INCREM

Lysine-Vitamin Drops

- · combines the amino acid, I-Lysine, with vitamins B., B., B.
- stimulates appetite, effects better utilization of protein, thereby promoting growth
- cherry-flavored drops are delicious;
   may also be mixed in milk, formula, etc.
- · handy 15 cc. plastic dropper-bottle

For the problem eaters, for the underweight, for the generally belownormal child

(Excellent, too, for stimulating appetites of the elderly patient!) Dosage 0.5 to 1 ec. (10-20 drops) daily. Each ec. (20 drops) contains:

300 mg.



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LEDERLE LABORATORIES DIVISION AMERICAN CYANAMID COMPANY PEARL RIVER, NEW YORK



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Antiprurient, soothing, and healingcontains vitamins A, D, E, and d-Panthenol in a cosmetically pleasing water-soluble base which fastidious patients will enjoy using. Hoffmann-La Roche Inc., Nutley, N.

TASHAN E. M.

and future expectations are what count. Only if two eligible companies of about equal size and performance differ sharply in operating costs, need the difference be taken seriously.

Reinvestment privileges. How easy is it to reinvest dividends and capital gains? What does it cost? These questions are important ones for investors not concerned with current income. Ease of reinvestment may, in fact, influence you to pick a mutual fund rather than an otherwise eligible closed-end investment company. Or you may be justified in choosing one mutual fund rather than another for the same reason.

### For Small Savers

Accumulation plans. Doctors who plan to invest small sums regularly will be interested in the accumulation (savings) plans different mutual funds offer. They can also put small amounts into eligible closed-end investment companies through the New York Stock Exchange's Monthly Investment Plan.

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Availability of insurance.

Combining life insurance with a periodic investment plan is



# What Do You Do When You Buy CHRISTMAS SEALS

This is an actual photograph taken in a tuberculosis hospital . . . of two sisters, aged 3 and 4.

They are orphans. They both have tuberculosis. They caught it from their mother, who died of TB. When you buy and use

Christmas Seals, you do two things: You help prevent better ways of treating patients like this. Send in your contribution, today.



Annual Christmas Seal Sale

Because of the importance of the above message, this space has been contributed by

Medical Economics, Inc.

MEDICAL ECONOMICS · NOVEMBER 1956 307

becoming increasingly popular.\* It's one way to make sure your accumulation goal is reached, come what may. It provides a means, too, for older personseven, in some instances, for persons with a disability—to get term insurance at moderate rates.

Special tax benefits. For hightax-bracket investors or for those not interested in current income, certain non-residentowned Canadian funds may be more attractive than other eligible investment companies be cause of their favored tax position.\*

## Picking the Best Funds

You've now reached the final step in selecting an investment company. In terms of your investment objectives, you've picked the eligible companies. Among the eligible companies, you've chosen those that are suitable for you. Now you're Reaso ready to pick the ones that are best for you in terms of their

"See "Something New in Mutual Funds," MEDICAL ECONOMICS, September, 1956,

See "Mutual Funds Now Offer You Built-In Insurance," MEDICAL ECONOMICS,

> Revitalize the geriatric patient

- stimulates cerebral circulation
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- increases mental and physical vitality



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In making the comparison, remember this: Enormous amounts of time and effort have been spent in trying to find the statistically perfect investment company. All kinds of tests have been developed. But you can't hope to decide among suitable investment companies with anything like slide-rule accuracy. Reasons:

¶ All too often, an investment company that shows up near the top in one test is near the bottom in another.

¶ Mutual funds and closedend investment companies have basic differences that make valid statistical comparisons difficult, if not impossible.

¶ Past superiority doesn't guarantee future performance.

The best you can hope to do by checking the statistical records of several suitable companies is to screen out the *obviously* poor performers. You'll then have a few suitable companies with comparatively good records.

In making your final choice among these, consider carefully (1) how well each company

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Rer each dose—oral or intramuscular—patients exstrience a warm, tingling flush to substantiate Vastan's vasoditating effect. Nicotinic acid, as provided in Vastran, has been found in numerous clinical tests to improve cerebral circulation and nutrition in elderly patients and to stimulate the central nervous system. Other coenzymes in Vastran spark metabolism in brain and body. Thus, Vastran helps to arrest geriatric slowdown, to overcome apathy and fatigue, and to provide prophylaxis against the psychoses of late maturity.

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#### INVESTMENT COMPANIES

bears up during general market setbacks and (2) how well ead has fared over the past half dozen years. The five tables of pages 296-304 apply both these tests to a number of the larger, longer-established, diversified in vestment companies.

First thing to notice as you study these tables is the "volatility" rating. The greater the volatility of a company, the more capital gain it will show in a rising market—and the more capital loss in a falling market.

The tables show the volatility of each investment company

# Organizing and Operating A Group Practice Or Partnership

Now available, as the result of numerous quests from physicians, is a portfolio of prints on group practice and partnerships contains about a dozen of the most requesticles on these subjects published in MEDIC ECONOMICS. The portfolio is book size, y a durable, leatherette cover and with the stamped in gold. Prepaid price: \$2.

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MEDICAL ECONOMICS · NOVEMBER 1956 311

expressed as a percentage of the volatility of the Dow-Jones Industrial Average. Thus:

If an investment company has a volatility rating of 113, it means the company has moved up and down 13 per cent faster than the Dow-Jones average. A volatility percentage of 91 means the company has moved up and down 9 per cent more slowly than the Dow-Jones average.

The tables also show you whether a company has been relatively more volatile on market *rises* or on market *declines*. A company that moves rela-

tively faster on the down-side is less safe—other things being equal—than one that moves reatively faster on the up-side.

Next thing to examine in the tables is the income record. For mutual funds, the percentage yield is based on the year-end net asset value. For closed-end investment companies, the yield is based on the year-end closing price. This is because mutual funds sell exactly at their net asset value, while most closed-end investment companies sell below or above their net asset value. [MORE]

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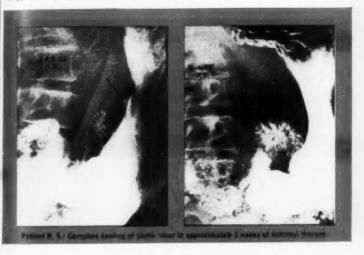
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Antrenyl is a potent, dependable anticholinergic agent which not only relieves ulcer symptoms, but has been shown to exhibit a definite deterrent action upon the development of ulcers in the Shay rat.

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Barrett, W. E., Rutledge, R., Plummer, A. J., and Yonkman,
 F. F.: J. Pharmacol. & Exper. Therap. 198:395 (July) 1953.
 Rogers, M. P., and Gray, C. L.: Am. J. Digest. Dis. 19:180 (June) 1952.

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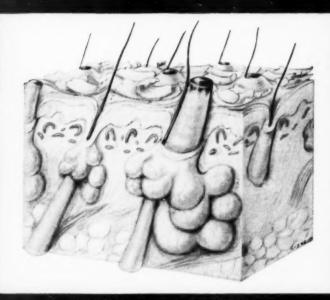
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Note also in the tables the capital gains figures. But when you do so, keep in mind again the difference between a mutual fund and a closed-end investment company.

With a closed-end company, an increase in asset value of, say, 50 per cent doesn't necessarily mean that an investor would have realized exactly that capital gain by selling his shares. He might have realized either more or less. This is because the price of closed-end investment company shares (like the price of industrial shares) is determined by what investors are willing to pay for them in the open market. Mutual fund shares, on the other hand, are always redeemable at exactly their asset value.

To show how much the shares of each closed-end investment company appreciated in terms of *market price*, the tables include an extra column. It shows the capital gain you could have realized had you bought shares in any of the listed companies at the start of 1950 and sold them five and one-half years later.

In examining the capital growth of the companies listed in the tables, you'll notice that few match the growth of the Dow-Jones Industrial Average during the same period. Why is this so?

Because the Dow-Jones average is, by definition, 100 per cent invested in common stocks. Naturally, conservative and income funds, with relatively low common stock ratios, can't be expected to keep pace with a common stock average.

The tables are necessarily restricted to the more prominent mutual funds and closed-end investment companies. But you can easily make similar comparisons for other companies not listed. The prospectus of any mutual fund or the annual report of almost any closed-end investment company should give you what you need.

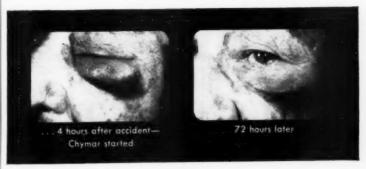
## Sources of Data

If you want data about a lot of different funds, a ready source is the author's "Your Buying Guide to Mutual Funds and Investment Companies," published annually by The American Research Council, Inc., Larchmont, N.Y., or the book "Investment Companies," published annually by Arthur Wiesenberger & Co., New York.

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# Dear Doctor, what are you doing to prolong the life of your income?

You have office hours but sometimes you work around the clock. You keep your patients alive—and your patients keep you alive. This leaves you little time to find out how to make your income grow and how to prolong its life. Unlike millions of lucky people, you won't be getting any comfortable pension from an employer. Unlike the owner of z

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business, your income is determined by the number of people you can personally serve.

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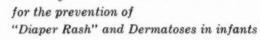
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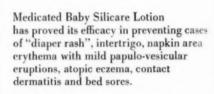
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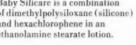




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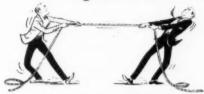
\*Archives of Pediatrics 73:4 April 1956.







# Hospital Hassle:



# Who's Exploiting Whom?

The testimony of two men lights up the real issues in the long controversy over hospital hiring of radiologists, pathologists, etc.

The trial lasted thirteen weeks. It drew hospital and medical spokesmen from all over the country. And in the end, it drew blood: The Judge ruled that M.D.-hiring hospitals were practicing medicine illegally.

All this happened last year in an Iowa district court. Iowa hospitals promptly appealed the decision to the State Supreme Court. The case is still pending. And the controversy is still smoldering—not just in Iowa, but in almost every state.

It's significant, for example, that two key witnesses at the Iowa trial came from opposite corners of the country. Dr. Albert W. Snoke came from New Haven, Conn., to speak as a hospital administrator. Dr. L. Henry Garland came from San Francisco to speak for staff specialists.

Between them, Drs. Snoke and Garland hit all the high points in the current controversy—from "profiteering" to

"penny-pinching," from "monopoly" to "exploitation." You'll find their testimony condensed on the following pages. It covers such challenging questions as these:

¶ Which diagnostic procedures should only a physician

¶ Where do you draw the line between medical services and hospital services?



Dr. Albert Snoke is the director of Grace-New Haven Community Hospital. He's also president of the A.H.A.

# The Administrator Speaks

Q. Dr. Snoke, there has been testimony that where the radiologist or pathologist was employed on either a salary or percentage, the administrator would go out and get the one he could get cheapest. Now, is this possible under the method of appointment of pathologists or radiologists?

A. It just doesn't make sense. You are trying to get a topflight man. You don't get a topflight man by going out and chiseling on income.

Q. In the modern hospital, do the trustees and administrator supervise and control medical practice, or does the medical staff? [MORE ON 344]

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¶ Should X-ray departments and laboratories be leased to independent specialists—and if so, is a flat rental or a percentage preferable?

The first questions Drs. Snoke and Garland answer below are those asked by their own sides' lawyers. Crossexamination by the opposing lawyers follows. Then there's a concluding question or two from the Judge.

### The Specialist Speaks

Q. Dr. Garland, have you, through the years, made a study of hospitalphysician relationships, particularly those involving radiologists?

A. Very intense study.

Q. What are your conclusions?

A. My conclusions are that more hospitalized patients will get good diagnostic and therapeutic service if the X-ray and pathology departments are operated independently than if they are operated by employes of the hospital. You attract better men to these important departments when you can say to them: "Here is some space. You run it to the best



Dr. Henry Garland has headed the department of radiology at St. Joseph's Hospital, San Francisco, since 1935.

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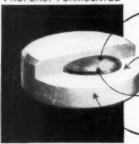
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of your ability. You accept full responsibility for it."

Q. Is there anything wrong, as far as the patient is concerned, with the sale of the radiologist's service by a hospital for profit?

A. That's a very difficult question. After all, a good doctor is going to give his service to the best of his ability, regardless of the type of agreement. In actual practice, he tends to have betterpaid technicians and better apparatus if he leases the department; and therefore the patient is apt to receive better service.

Q. In departments operated by hospitals, have you known of instances where the departments were professionally understaffed?

A. Certainly . . . Sometimes the radiologist is a little moneyhungry and doesn't want his professional income divided with another radiologist. But most of the time it's because of the pressure on the unfortunate superintendent to find money somewhere. He takes it from the easiest place.

Q. It is a well-known fact that if nonprofit hospitals have a black figure at the end of the year, it is a small one.

A. Correct.

O. As concerns laboratories and X-ray departments, the record shows that there is some separate profit . . . Why have profits in these services been applied to general hospital expenses, Doctor?

A. Because hospital superintendents can subsidize the bed at the expense of good medical diagnosis.

#### What Price Subsidies?

Q. Have you made any studi of how much bed rates might have to be increased if such services as laboratory and X-ray were put on a nonprofit basis?

A. If all the professional income from X-ray and laboratory work were used in those departments for employing additional well-qualified specialists, for buying better apparatus, and so on, the average 200- or 400-bed hospital would have to increase the daily bed rate about 75 cents.

Q. In your study of hospital practices, Dr. Garland, have you come to any conclusion on the subject of whether or not each Wilking service should be self-sufficient uppi Do

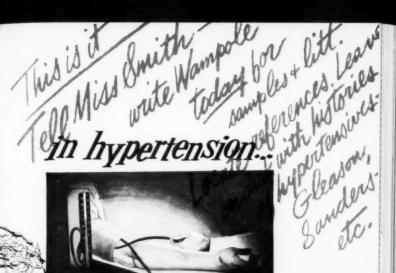
A. Well, it has always seemed to me that the per-diem bed rate ingland should represent what the bed really costs. Under our present custom, the patients in hospitals who have X-rays and laboratory

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many more patients tolerate\*

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Wilkins, R. W., and Judson, W. E.: New rate ingland Jrk of Medicine 248:48, 1953

> Duncan, Garfield G .: Philadelphia Medicine 51:24, 1956

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XUM

#### THE SPECIALIST SPEAKS

work are subsidizing the beds of the patients who do not have such work. Which isn't really quite fair.

Q. Doctor, do hospitals pay income taxes?

A. Not to my knowledge.

Q. Do radiologists?

A. I'll say!

Q. Assume that an X-ray department's annual profit of, say, \$50,000, is transposed to the radiologist under a lease arrangement. What's the effect of the fact that the radiologist pays income tax on that amount?

A. Any sensible professional man knows today that he can



"... printed by Ajax Chart Company, Hartford, Connecticut."

· sensation of incomplete emptying · "pain within 2 feet of the urethra"1

· frequency · urgency · dysuria · incontinence · straining · voiding with effort

#### WOMEN SUSPECT THESE AS SYMPTOMS OF URETHRITIS

These symptoms include unilateral or bilateral referred pain to groin, suprapubic region, thighs and lower back, as evidence of bacterial urethritis. As Youngblood states, "If a man would have any of these symptoms, we would unhesitatingly look first to the urethra as the source of trouble. The same applies to women."2 The panendoscope reveals a positive diagnosis since "... usually the microscopic examination (of urinary sediment) is negative."2

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1. Folsom, A. I., and Alexander, J. C.: J. Urol. 31:731, 1934, 2. Youngblood, V. H.: J. Urol. 70:926, 1953.

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without depression, drowsiness,
motor incoordination

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keep only a small amount over \$25,000 or \$30,000 a year. So he is much better off paying the surplus to an associate than having it make a round trip to Washington, D.C.

Q. Dr. Garland, has your study indicated whether or not there is a trend toward the institutional practice of medicine?

A. It is my impression that in recent years there has been a trend away from the institutional practice of medicine, on account of stricter enforcement of our tax laws. An institution can hardly say it is nonprofit when it is tak-

ing in \$150,000 a year over and above the expenses of providing laboratory and X-ray facilities. Such an institution is finding itself more and more subject to scrutiny by the tax people. And to avoid losing that wonderful tax exemption, more and more institutions are very wisely renting or leasing profit-making divisions such as the X-ray department and pathology department to competent physicians.

Q. What patient advantages are there in the lease arrangement?

A. First and most important,



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the radiologist tends to be chosen solely on his professional qualifications and not on the amount of profit the hospital may make off him. Therefore, the captive patient in a hospital bed is more apt to receive first-class diagnosis and treatment than he is under a salary or percentage arrangement.

Under a salary or percentage, the hospital is eternally tempted to hire a cheaper man because, Lord knows, it needs income. One hospital in San Francisco had such a poor radiologist, because he was hired on that basis. that the doctors would call an ambulance to the hospital and have their patients taken to my office to have me X-ray them. That would not have happened, I'm sure, if the radiologist had been chosen because of his professional qualifications.

Q. What about the problem of the patient's freedom to select a radiologist?

A. That is very important. We have secured the agreement of our executive staff and our Sister Superior that if a patient or a physician on our staff requests the services of another radiologist in the city who is well qualified and who carries adequate insurance, we will make our do partment available to him. And we have done so on a few occasions. So there is no monopoly our department.

#### **Cross-Examination**

O. It would be still better wouldn't it, if you had room i the hospital for, say, four good radiologists-that is, if you had four separate leases to four sep arate radiologists, so you'd have a renting competition?

A. You wouldn't have an eff cient department if you had for captains in charge of the ship.

Q. You'd have four departments.

A. And you'd have four separate power supplies, with four separate transformers, four set of lead in the walls, and four set of elaborate plumbing. That would result in greater cost to the patient.

Q. And of course, possibly smaller income to each of the ra diologists?

A. Sir, that's not the reason went into medicine.

Q. In any event, you think the hospital should be interested only in furnishing space for the radology department?

A. No, sir. The hospital is en-

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trusted with the welfare of patients. The hospital's interest is the same as the radiologist's: to get the patient well as quickly as possible.

Q. And if the lease arrangement results in an increase in the hospital bill of 75 cents or \$1 a day, the patient should be glad to pay it in order to get the better service of the man who was given the monopoly and was entitled to all the income from the X-ray department?

A." Yes, and do you know why? Because that man is more apt to be associated with enough senior qualified radiologists so that the patient gets a superior diagnostic service. When the radiologist isn't rushed and is running his department in the hospital just as though it were his office, and has enough senior associates—not internes or residents—then the private patient paying a private fee gets a decent shake for his money.

Q. The ideal arrangement in your view, then, would be for the hospital to become nothing but a hotel for horizontal persons, with a department store of independent but uncoordinated services?

A. That is very clever but very much not to the point. I have repeatedly said to people: "Look, if your personal doctor wants an X-ray or a piece of laboratory work done, don't go to a hospital. Go to a specialist in private practice, because he is apt to be a better qualified man than the average hospital employe today."

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#### 'A Step Forward'

Q. Under the percentage rental arrangement, it would still be possible for the hospital to realize an amount which would exceed its actual costs, isn't that true?

A. I believe the hospital is entitled to a reasonable margin of profit. We are in a stage of evolution, just as we are with everything else, thank God. There is no question in my mind that flat monthly rental would be still better and more ethical than percentage arrangement. But Rome wasn't built in a day. I regard percentage rental of the department in which I am responsible for the employes and the apparatus as at least a step forward from the former salary arrangement. It's a step toward ultimate flat rental.

Q. Hospitals have X-ray equipment that costs from \$100,

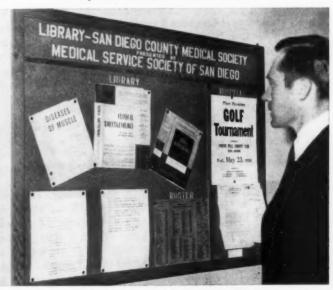
000 to \$400,000. Should the doctor own this and be able to move it out at will?

A. The doctor isn't going to

move it out. Doctors are professional men with integrity.

Q. And the opposite side of the coin, as far as you're con-

#### They Make You Want to Read



Too busy to keep track of new medical books that might interest you? Doctors in San Diego, Calif., recently got help with this problem from the Medical Service Society (an organization of detail men). The society put up bulletin boards in thirteen of the city's hospitals and clinics. A small section of each board is reserved for hospital news; the rest is devoted to such library material as book lists and jackets of current medical volumes. Brought up-to-date once a month by the librarian of the county medical society, the boards appear to have considerably broadened the reading of the city's physicians.

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cerned, is that hospital trustees are not?

A. That's not so, and I never said it.

Q. And that if, under the old arrangement, you had to rely on the integrity and character of the hospital trustees, you would be exploited?

A. My dear sir, I have been at one hospital since 1929. I don't regard myself as having been exploited. But I do regard many hospital administrators as being so anxious to make ends meet that they forget the importance of good diagnostic medicine.

#### Who's Being Exploited?

Q. You don't regard radiologists generally as a branch of your profession that's being exploited?

A. I don't think so. I think the patients in many hospitals are being exploited because there is only one radiologist to do the work of three. The income that the other two radiologists could have is being diverted to pay for the laundry or the elevator.

Q. Isn't it fair to say, Doctor, that the fundamental difference between the method under which you used to operate as a salaried man and the new method under which you have a rental arrangement with a hospital is that now you handle the money, whereas formerly the hospital handled the money?

A. No. sir. The fundamental difference is that under the new system a man who knows the problems of radiology-apparatus, personnel, and so forth-is conducting the department Whereas, under the old system, the department was conducted partly by a very dear Sister who didn't know how to operate an X-ray department.

O. Well, if that's the fundamental difference, let's take the practical difference: It's simply the difference between who hardles the money, isn't it?

A. Not entirely. The practical difference is that when I want a piece of apparatus, I go out and get it. When I want an X-ray technician, I go out and get one. Under the old system I had to go and ask. If the superintendent had many other requests from other departments for technicians, I was low man on the totem pole.

Q. All right. Then the matter of who handles the money is just incidental. But it just happens that you now handle most of the

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want at and X-ray t one. to go money that's collected from the patients, whereas before you didn't. And the effort of radiologists the country over has been to take from the hospital the control of income from the X-ray department and to put it under the control of the doctor. Isn't that so?

A. No, sir. The primary object of most radiologists in the country is to do a better job of radiology.

Q. If what you say is true, it would be better to have the operating room run by surgeons, the pharmacy run by an independent contractor, the nurses under a superintendent of nurses. In other words, the same argument would hold for all departments of the hospital.

A. I don't believe so for a moment, sir. I have tried . . .

Q. And they should each be independent, should each be operated under some head who will collect the money and spend that money for that particular department.

A. Not at all, sir. The nature of the operating room and the nature of the nursing service are totally different. The radiologist himself has to do many of the technical procedures, and his

duties aren't divisible into two parts. As for the nursing service. you know perfectly well that many private nurses have individual arrangements with patients. They're not paid by the hospital.

Q. But the same argument would compel you to the conclusion that they would be better if they were independently operated.

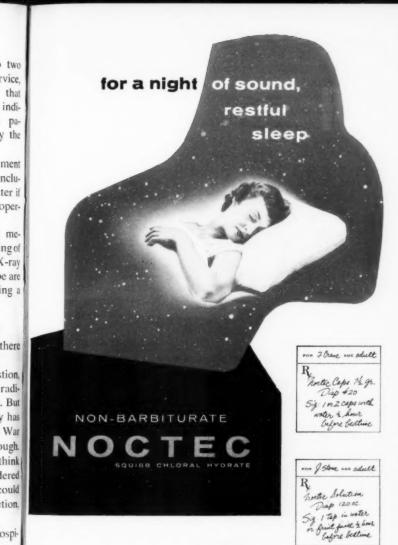
A. Not at all, sir. The mechanical and physical handling of a dangerous agent like an X-ray beam or a radioactive isotope are quite different from handling a bedpan or scalpel.

#### Redirect Examination

Q. Dr. Garland, are there enough radiologists?

A. That is a difficult question, sir. There are about 4,000 radiologists in the United States. But the way the use of radiology has been increasing since World War II, I don't think there are enough. I would like to add that I think too much X-ray work is ordered by my kind colleagues. It could be ordered with more discretion. I think.

Q. Would you say that hospital-radiologist relationships as they generally exist are an incen-





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#### THE SPECIALIST SPEAKS

tive for young doctors to take up the specialty?

A. Unfortunately, the fact that the radiologist doesn't practice in his department the way the surgeon does in his, and the internist in his, leads senior medical students to drift into other fields. I have had the pleasure of training about fifty radiologists.

Three of my last five trainees have gone into private practice and refused hospital positions because they didn't want a golden chain around their necks.

Q. What would you say as to the applicability of your views to pathology as well as radiology?

A. The situation in the specialties is very similar.

#### THE ADMINISTRATOR SPEAKS

[CONTINUED FROM 322]

A. The medical staff, sir.

Q. Do the governing boards of charitable hospitals have an inherent duty and responsibility to furnish available laboratory and X-ray services as a part of the proper hospital services?

A. I think the modern hospital cannot be a modern hospital if it doesn't have these services. I think it's the board's responsibility to see that they're provided.

Q. When the hospital furnishes the services of a registered nurse, do you say that the hospital is practicing medicine-or nursing?

A. No, I think the nurses are doing the nursing.

Q. And what about the technicians who perform the laboratory tests? Is the hospital practicing medicine by employing technicians and having them perform clinical laboratory tests?

A. I don't see any difference, sir.

Q. And what would you say relative to X-ray technicians?

A. Exactly the same answer.

Q. And is the hospital practicing medicine by employing residents and internes on salary?

A. I don't see how.

Q. Well, we get down to the situation where the hospital employs the radiologist or pathologist on a salary or percentage.

A. I can't see any difference.

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#### Cross-Examination

Q. Here in Iowa, Doctor, we have a regulation that says a hospital laboratory shall be under intense antibacterial action especially for mixed and resistant infections

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the control and supervision of a medical doctor, preferably a pathologist. Is that a wholesome thing?

A. I think it is very healthful.

Q. Do you think that it could just as well be under the control of a high-degree chemist or bacteriologist?

A. Well, in a small hospital that's isolated, I think a welltrained Ph.D. can do a very accurate job in supervising a laboratory.

#### Ph.D.s vs. M.D.s

Q. In your own hospital, six divisions of your laboratory are under Ph.D.s. Do you feel it is satisfactory?

A. That's right. But nobody would advocate that there should be *only* Ph.D.s running a laboratory.

Q. Now, what they are doing is a medical service, isn't it?

A. Well, now we come back to how far medical service goes . . .

Q. Do you have an electroencephalographic service?

A. That's right, sir.

Q. Who pays the salary of the physician that makes those interpretations? The medical school?

A. Yes, sir.

Q. And the hospital bills the patients?

A. That's right.

Q. Is the interpretation of the electroencephalograph the practice of medicine?

A. It is logical to have a doctor interpret electroencephalograms. And yet I recall the first electroencephalograms with which I was associated: A Ph.D. was doing all the interpreting. All these people are doing is interpreting the wiggles and saying what they think they are.

Q. It's a medical conclusion, isn't it?

A. Well, then, the Ph.D. was drawing a medical conclusion. But I think the question is: Who is actually fitting that conclusion into the care of the individual patient?

Q. Doctor, let me ask you seriously: What has society developed that can be a substitute for a license to practice medicine in the performance of medical acts?

A. Society says the doctor should be the one to practice medicine. But the place where I get really puzzled is on all these fringes. To say that these diagnostic procedures are part of the practice of medicine and that the

Quet a MOMENT, DOCTOR...

A MESSAGE TO THE PHYSICIAN

THE HEALTH NEWS INSTITUTE

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#### MEN WITH A MISSION

"Medicine is the only profession," said Lord Bryce, "that labors incessantly to destroy the reason for its existence."

There's an industry that does it, too – your companion-in-arms, the pharmaceutical manufacturer – whose tireless aim is to make obsolete his latest drugs and relegate to the scrap heap his newest equipment.

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all part of medicine's service to mankind. And furthermore, it makes good sense. As one industry leader expressed it:

"Any pharmaceutical manufacturer knows very well that the principal ingredient in the progress of his company is the success of its research efforts."

The makers of fine pharmaceuticals in America spend upwards of \$100,000,000 a year on research, plowing back from four to six and sometimes up to ten percent of their gross income into the restless, endless hunt for compounds which will make the wonder drug of today the has-been of tomorrow.

It's the most fruitful kind of demonstration of the free, competitive system. And the ultimate dividends accrue to all of us in longer, healthier lives.

Since World War II, research expenditures in the drug industry have probably tripled. Seventeen representative firms are putting nearly five percent of their dollar volume into research, according to one investment specialist.

#### THE WHY OF THIS SERIES

The Health News Institute is privileged herewith to begin a series of messages designed to portray the role of all pharmaceutical elements in the health-team concept which led to establishment of the HNI on February 1, 1956.

In this space, we will unfold the story of the various facets of the industry and pharmaceutical profession, and their service to you of the medical profession. We hope you will find the

messages both informative and useful.

The Health News Institute was established initially by the American Drug Manufacturers' Association and the American Pharmaceutical Manufacturers' Association. All organized members of the Health Team – including your own American Medical Association – have been invited to participate. Some have already done so, including the Proprietary Association, the American Pharmaceutical Association, and the National Association of Retail Druggists, while others are awaiting decision at their annual meetings.

Our concept is simple. We view all members of the Health Team as embarked upon the same dedicated mission – better health and health care for America and the world – and it is in furtherance of this mission that we of the HNI are glad to portray one phase of that mission, the pharmaceutical story,

to America's physicians.

Chet Shaw, Executive Director

They all don't announce the figures, but one leading house which spent six millions in 1954 increased it to seven in 1955, and it's a fair assumption that this year the sum is even larger.

. . .

Even six years ago, according to the 1950 edition of Industrial Research Laboratories in the U.S., several pharmaceutical firms had more than 500 persons in their research departments, and one had nearly a thousand. Few universities can approach this concentration on biological and medical problems.

And maintaining just one scientist – paying his salary and giving him the expensive tools he needs and a congenial place to use them – costs an estimated \$75,000 per year.

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One pharmaceutical executive puts it this way:

"Company scientists work tirelessly to outdate their own products, to iron out side effects, to discover broader fields of application, to keep abreast of competition. At the same time, they carry on research which probes the nature of those dark areas of affliction which still confront mankind.

"Such research perhaps does not seem immediately related to the production of next year's pharmaceutical, but it is definitely linked with the pharmaceutical of next year plus ten, or even twenty."

Take this year *minus* ten — if you've been practicing that long — and you will see what he means. You've watched the medication picture change. You know that seventy percent of the prescriptions you write today are for products that didn't even exist less than a generation ago.

It's all part of our mutual aim, as defined by Lord Bryce, the target of all members of the health team —the constant labor to destroy the reason for our existence.

### H|N|I|

THE HEALTH NEWS INSTITUTE 60 East 42nd Street, New York 17, N. Y. doctor must do them . . . that just isn't true.

Q. Well, now, give me an illustration of what you conceive to be a medical act.

A. I think the diagnosis and treatment of a child with pneumonia is a medical act.

#### Tests vs. Diagnosis

Q. And you would require him or her to be treated by a medical doctor?

A. That's right. But this electroencephalogram . . . This is a tool used in the diagnosis of a disease. The Ph.D. I was referring to got funny little wiggles and said they meant certain abnormalities in the brain. He gave this information to the neurosurgeon, the pediatrician, or the internist. And the doctors took that, with all the other facts and figures, and arrived at the diagnosis and decided upon treatment.

Was the Ph.D. practicing medicine? I think he was getting information of a highly technical nature. I don't see that he was practicing medicine.

Q. Do you have any memory of the cost of the pathology service in your hospital?

A. I can't give you any figures.

Q. Is it a losing proposition or is it a profitable proposition?

A. Probably there is a surplus of cash brought in over the expenses.

Q. And is that true in radiology also?

A. Yes. This part of hospital economy has bothered me a great deal. I feel the hospital should not be accused of profiting off one service.

Over the nine years I have been in New Haven, we have not made any increases in our X-ray or laboratory charges, although the costs have been mounting steadily. But at the same time our room and board charges have almost trebled.

Now there are two difficulties we face: The first is that patients have traditionally paid low rates for room and board. They don't understand the higher rates.

The second difficulty is that the charges of outside laboratories and outside radiologists are up. If we were to cut our charges in pathology or radiology to approach the cost, we would have terrific problems with the outside groups.

Q. The hospital provides anesthesiologists, does it not?

A. Yes, sir. MORE > ANNOUNCING

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Q. Are they employed by the hospital?

A. By the hospital.

Q. May a surgeon in your hospital engage the services of an outside anesthesiologist?

A. No, sir.

Q. Why?

A. We feel that we can have better anesthesia and care for the patient if it is done under the direction of a competent physician who is chairman of the department.

Q. May a patient or his attending physician engage the services of an outside radiologist?

A. No, sir.

Q. May they engage the services of an outside pathologist?

A. No, sir.

Q. Doctor, setting aside legal considerations, is it your view that voluntary nonprofit hospitals should be able to staff salaried doctors, surgeons, obstetricians, pediatricians, all types of specialists, and provide their services in the hospital, then bill the patients for that service?

A. I certainly don't believe that.

Q. Where would you draw the line?

A. You mean between surgeons, pediatricians, obstetri-

cians, and radiologists and pathologists?

Q. Yes.

A. I think I made it clear that I felt there were certain medical services in the hospital that were hospital services as well.

#### **Payroll Pediatricians?**

Q. Is there any reason why, if a radiologist can be employed on a salary, the pediatrician can't be too?

A. Are you asking that as a theoretical possibility? I think anything is theoretically possible. Practically, I wouldn't advocate that any voluntary hospital go out and hire these individuals.

Late

Q. There is nothing ethically wrong with it, you say?

A. No. I think this is entirely dependent upon local conditions—on the hospital, on the medical staff, on the public, on the board. If they feel it's a logical idea, I don't think we should put economic and legal roadblocks in the way.

I have been concerned over the future of hospital-physician relationships, regardless of what decision is made in this debate. So much emotion has gone into it, so much exaggeration. I think we have built up minor points



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Contour Chair

into larger points, and I think there've been hurt feelings.

Whatever decision is reached, whether it's appealed to a higher court or goes to the legislature or to the public, the hospitals and the doctors have got to live together. And this is the thing that bothers me tremendously: whether they'll be able to work together toward a common goal with this continual ferment.

#### **Summing Up**

Q. In this case, Dr. Snoke, our record shows substantial surpluses in the operation of laboratories and X-ray departments after the payment of all costs, including compensation to the pathologist or the radiologist. These specialists have said that they are in many instances not happy about their administrators. The hospital controls the provision of equipment, the pay scale of the personnel, the number of the personnel. Now, the radiologist or the pathologist doesn't necessarily get new equipment when he needs it, even though this department is a money-making department. Is that proper?

A. Well, I think one has to look at the hospital as a whole. The hospital isn't like a neigh-

borhood development with a lot of little stores. The hospital cannot operate efficiently if it doesn't function as a whole.

I deplore with you, sir, the bookkeeping surpluses of some departments. I am sure you will deplore with me the bookkeeping deficits in other departments. And again I say we have to look at the over-all operation of the hospital.

We do not make profits. In my own institution, I make a surplus in certain departments; I charge private patients more than the actual cost. But it is the only way under present economics that I can pay for the patient who can't pay the full cost. I would like to see us develop a mechanism by which we charged everybody exactly the cost. Then there wouldn't be this argument about exploitation.

Now, I am unwilling to accept the statement that the majority of physicians on these various types of arrangement are unhappy or that they are being exploited. This depends entirely upon one's own personal situation.

If I am willing to work at Yale Medical School for \$6,000 a year as an instructor, whereas I could go out into private prac-

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NEW

Each contai Meclizi Pyrido:

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# BONADOXIN DROPS

stop infantile colic . . . in hours

... without barbiturates ... without belladonna

Each cc. BONADOXIN DROPS contains:

Meclizine Dihydrochloride 8.33 mg. Pyridoxine Hydrochloride 16.67 mg.

Dougan, H. T.: An oral Therapy (Bonadoxin Drops) for infant colic and puloropasm. Journal-Lancet 67:135 (May) 1956.
 Litchfield, H. R.: The use of meclizine dihydrochloride with pyridoxine in vomiting and pylorospasm in infants and children. In press.

BONADOXIN DROPS attack the known mechanisms of infantile colic with anticholinergic activity, tranquilizing effect, antihistamine action and prophylaxis against B<sub>6</sub> deficiency.

Dougan¹ reports the formula 88% effective in colic and pylorospasm. Litchfield² controlled most cases within 48 hours; all were controlled within 72 hours. No side effects were observed.<sup>1,2</sup>



Dosage:

Chicago 11, Illinois

PEACE of mind ATARAX®

Age Birth-3 mos.	ec. 0.5 to 1.5 cc.	Drops 15-45 daily
6 mos. to 2 yrs.	1.5 to 3.00 cc.	daily
2-6 yrs.	2.00-4.00 cc.	daily
older children	3.00-6.00 сс.	daily

Supplied in 30 cc. dropper bottles.

MEDICAL ECONOMICS · NOVEMBER 1956 359

# A Full Day's Work Wi



"Many industrial jobs are impossible for a man with coronary insufficiency. Now, however, I tablet of METAMINE SUSTAINED, morning and evening, will help protect him from attacks of angina pectoris." (Wood engraving by Bernard Brussel-Smith for the Armstrong Cork Company.)

full 24 hour protection for 8 out of 10 angina patients



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Thos. Leeming & Co. Inc. 155 East 44th Street, New York 17,1

# k Without Angina Pectoris

In rigorous clinical trials, METAMINE SUSTAINED improved 80 (78%) of 103 patients with angina pectoris, including a group refractory to other medication.

Each METAMINE SUSTAINED tablet slowly releases 10 mg. of METAMINE, the unique, *amino* nitrate, to provide enduring, 12-hour protection from anginal attacks.

**Simplified dosage**—just 1 tablet on arising, and 1 before the evening meal.

Greater economy for your angina pectoris patient.

Supplied: METAMINE SUSTAINED, 10 mg., in bottles of 50 sustained-release tablets. Also available: METAMINE, 2 mg., and METAMINE (2 mg.) with BUTABARBITAL (¼ gr.), bottles of 50 tablets.

Fuller, H. L. and Kassel, L. E.: Antibiotic Med. and Clin. Therapy, 3: 322, Oct. 1956.

new!

# Metamine Triethanolamine trinitrate biphosphate, LEEMING, 10 mg. Sustained

tice and make \$20,000 a year, somebody may say that I'm being exploited. I say: "What do you mean, exploited? This is what I want to do. This is my own free choice."

Q. Aren't the pathologist and the radiologist really just like other members of the medical staff?

A. Well, with rare exceptions, these specialists do not have a direct patient relationship; the pathologist, I would say, least of all. The radiologist to a great extent doesn't; the anesthesiologist, a little bit more; the physiatrist, yes and no.

Now, I think these specialists are tremendously valuable. But they are of value directly to their colleagues and directly to the hospital-and only indirectly to the patients. They are doctors working with other doctors. They are in a different situation from the others.

#### Questions by the Court

O. You have at times referred to what is the practice of medicine or what is not the practice of medicine. But when a test is made by a technologist, and it is abnormal, and then that test is called to the attention of the pathologist, and he in turn endorses a report or perhaps discusses it with the technician and then with the attending doctor . . . where in that procedure does the practice of medicine start?

A. That is the \$64 question.

Q. Well, I thought maybe you could help.

A. It is the darndest thing. I just can't conceive of the test itself being the practice of medicine. Then, away over on the other side, when the doctor diagnoses appendicitis and goes in and operates—that obviously is the practice of medicine. Now here is this gray area. It seems to me that sometimes it can be considered the practice of medicine; other times it cannot.

Q. But isn't there some difficulty with this flexibility in deciding these matters in the light of local statutes?

A. Well, there's where I get out of my field. I am getting now into the legal arguments in which I am on shaky ground. But it really gripes me to have all these arguments about corporations practicing medicine. The hospital does not practice medicine. Whatever the local circumstances, it is always the doctor who practices medicine. END

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Lift the depressed patient up to normal without fear of overstimulation . . .

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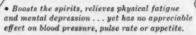
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# Ritalin

A HAPPY MEDIUM
IN PSYCHOMOTOR

STIMULATION





Ritalin is a mild, safer central-nervous-system stimulant which gently improves mood, relieves psychogenic fatigue "without let-down or jitters..." and counteracts oversedation caused by barbiturates, tranquilizing agents and antihistamines.

Ritalin is not an amphetamine. Except in rare instances it does not produce jitteriness or depressive rebound, and has little or no effect on blood pressure, pulse rate or appetite.

Reference: 1. Pocock, D. G.: Personal communication.

RITALIN® hydrochleride (methyl-phenidylacetale hydrochleride CIBA) Average dosage: 10 mg. b.i.d. or t.i.d. Although individualization of dosage is always of paramount importance, the high relative safety of Ritalin permits larger



CIBA

MEDICAL ECONOMICS · NOVEMBER 1986 363

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#### **Yardsticks** For Your Practice

[CONTINUED FROM 109]

ducted its first broad survey of the doctor's business. Every four years or so since then, it has made a still broader survey-a regular check-up of the profession's economic health that has no parallel for consistency.

MEDICAL ECONOMICS' 8th Quadrennial Survey, like earlier ones, was planned and executed by its editors. Questionnaires went out last April to every fourth name on the M.D. mailing list-a total of almost 35,000 active, private physicians.

Exactly 10,919 M.D.s took the trouble to fill out the timeconsuming questionnaire. This response of 31 per cent on one mailing has never been equaled by any such study in the past.

Columbia University's Bureau of Applied Social Research did the tabulating. Since there were many more returns than needed for a statistically adequate sample, the Bureau used a free hand in discarding incomplete or questionable returns. Others were eliminated in order to make the sample a near-perfect cross-section.

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After these adjustments, the basic sample consisted of 5,178 questionnaires.\* It faithfully reflects the actual distribution of doctors among general practice and the major specialties, as shown in the 1955 edition of the American Medical Director,. In addition, the basic sample reflects the known distribution of doctors by years in practice, geographic area, and community size.

In short, it's as representative a cross-section as you can find. And the figures drawn from it are as accurate as the conscientious efforts of doctors, editors, and statisticians can make them. END



Two supplemental samples were drawn from the surplus questionnaires for use where indicated. One represents the lesser specialties in greater numbers than in the basic sample. The other represents salaried doctors—meaning those who derive more than half their net earnings from salaries.



Dear Doctor:

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ore ies. A wide margin of safety is yours when you use Tronothane for surface anesthesia.

For with Tronothane, the incidence of sensitization is so low it is virtually insignificant. You can relieve pain or itching safely even in patients known to be sensitized to other topical agents.

To confirm this unusual freedom from side effects, clinical studies were made of Tronothane's use with more than 15,000 patients. These cases included anogenital pruritus, painful episiotomy, hemorrhoids, rectal surgery, and a wide variety of itching dermatoses, as well as burns and sunburn.

Not one of these thousands evidenced toxicity. Primary sensitization was negligible. And cross-sensitization was not noted at any time.

Why is Tronothane so well tolerated? The answer is in the formula. Tronothane's chemical structure is in no way related to the agents derived from "caine" drugs. Para-aminobenzoic acids and benzoic acid are not included. Neither are certain chemical groups frequently associated with primary sensitization.

Put it to a test, Doctor, and see if this wide safety margin doesn't expand the usefulness of topical anesthesia in your daily practice.

Sincerely,

abbott



### invitation to asthma?

### not necessarily . . .

Tedral, taken at the first sign of attack, often forestalls severe symptoms.

relief in minutes... Tedral brings symptomatic relief in a matter of minutes. Breathing becomes easier as Tedral relaxes smooth muscle, reduces tissue edema, provides mild sedation. for 4 full bours... Tedral maintains more normal respiration for a sustained period – not just a momentary pause in the attack.

# Tedral provides: 2 gt. Theophylline 2 gt. Ephedrine HCl 3% gt. Phenobarbital 1/8 gt. in boxes of 24, 120 and 1000 tableti

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Tedral WARNER-CHILCOTT

#### News

#### [CONTINUED FROM 26]

to patients, she points out, is the confusion that stems from their own "misconceptions and unreasonable demands." She cites the following examples:

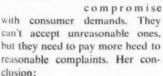
¶"Most people have never accepted the bitter truth that they are not going to get something for nothing... They feel that \$1 worth of insurance should entitle them to \$10 worth of service.

¶ "Most people refuse to buy health insurance with deductible or co-insurance clauses which protect against overuse. They accept such plans for automobile insurance, but not for health insurance.

They want insurance against uninsurable conditions such as the

common cold, obstetric care, and routine yearly examinations with half a dozen X-raysthrown in."







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Easley

"Our choice lies between Federal medicine and some more efficient method of distributing medical care to the consumer and distributing the cost of medical care among consumers. Medical leaders and individual doctors need to put into the study of [health insurance] problems some of the energy and ingenuity which in the past they have reserved for investigating the pathogenesis and management of disease processes."

#### Surgeons Say How G.P.s Should Operate

What's the proper role of the general practitioner? Dr. Paul R. Hawley, director of the American College of Surgeons, attempts to answer the question in a statement approved recently by the College's Board of Regents.

"It is proper," he says, for the family doctor to "undertake any and all treatment that he is fully qualified to render."

But, adds the A.C.S. director, "the important word in that preceding sentence is 'fully.' " And surgery is one field in which Dr. Hawley considers the G.P. not "fully" qualified—not even for the "simpler procedures."

No doctor may rightly undertake any procedure, he explains, unless he's capable of dealing "with any situation he may encounter therein... Preoperative diagnosis is far

# Organize... Modernize Your Office Records!



THE DAILY LOG is designed specifically for the medical profession — a thoroughly ORGANIZED and UP-TO-DATE system preferred by thousands of physicians since 1927.

GIVES FACTS for management—for tax returns. Professional and personal figures kept separate. No bookkeeping knowledge required. Whether you do your own bookkeeping, or the work is done by an assistant, the Daily Log is SIMPLE and EASY to use.

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#### NEWS

too inexact to determine in advance the degree of surgical skill necessary to protect the patient. Hemorrhoids may not be the cause of rectal bleeding in an overlooked carcinoma of the bowel. Pain in the right lower quadrant may not be due to acute appendicitis but to an acute Meckel's diverticulitis requiring small bowel resection."

The family doctor, adds Dr. Hawley, is none the less essential to good medical care. "The decline of [his] influence and importance ... is a serious threat to the quality of medical care." Why? Because "every family needs a medical adviser upon [whom] it can rely ... The family physician is the only practitioner . . . who can fill this role . . .

"His responsibilities are not limited to diagnosis and therapy. It is his duty to protect the family's purse as well as its health; and when consultants must be called. or a hospital bed provided, he should exert every effort to insure that the charges therefor are consistent with the financial status of the family.

Help Fight TB



**Buy Christmas Seals** 

#### Side Reactions With Various Hypotensive Drugs

postural hypotension

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dizziness

vomiting

nausea

tachycardia

bone marrow depression

constipation

collagen-like illness

depression

G.I. hemorrhage

when you treat hypertension with drugs...

TRY

### UNITENSEN-R

FIRST

a combination ideally suited for treating moderate to severe hypertension where blood pressure has to be lowered Each tablet contains: Cryptenamine. 1 mg. (as the tannate salt) Reserpine. 0.1 mg. For prescription economy: prescribe Unitensen-R in 50's 1 tablet b.i.d.

#### also available-

Unitensen tannate tablets (contain cryptenamine 2 mg.)

#### to serve your patients today—

call your pharmacist for any additional information you may need to help you prescribe Unitensen-R. He has been especially alerted.

"T.M. Reg. U.S. Pat. Off.

IRWIN, NEISLER & COMPANY . DECATUR, ILLINOIS

MEDICAL ECONOMICS · NOVEMBER 1956 369

"With hospitals his influence is limited; but with consultants he is in a position to dictate...

"The family physician must have faith in himself and pride in his calling. He displays a lack of pride in his calling when he extends his practice beyond it. How can patients be impressed with the importance of family physicians when family physicians insist upon being regarded as specialists?"

#### New Billing Service Starts Up

A medical-society-sponsored book-keeping service that goes beyond those under similar auspices elsewhere is now available to Milwaukee doctors. Most such bureaus devote themselves to billing and collecting only. But the Milwaukee society's Professional Management Service offers "to assume the bulk of the clerical detail surrounding a physician's practice."

All the doctor need do is fill out forms "outlining the dates and services rendered." The central office then makes up his bills and sends them out, "using a predetermined fee schedule" and "the doctor's own stationery." The central office also fills out insurance forms; and it handles all credit matters.

Milwaukee's unusual set-up got that way almost by accident. For twenty years the city's physicians had talked about a central business office. But they'd never done anything about it. Then, in 1951, a local surgeon requested that his practice be used for a pilot project.

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During the trial year, the central office took over the business side of his affairs altogether. It investigated his accounts. It reviewed and—in some cases—adjusted his customary fees. It focused on reducing his accounts receivable—and it clearly succeeded: During that first year, the surgeon collected a sum greater than his total billings for the same period.

What's the layman's reaction to the Milwaukee service? "Excellent," the society says. "The opportunity to discuss financial matters with a trained interviewer and the ability to establish an orderly businesslike method of satisfying accumulated indebtedness has appealed to many patients."

#### How to Handle Radio or TV Appearances

If you're ever asked for a radio or TV interview, you'd better insist that you have some knowledge of the questions beforehand. The reason, as recently expressed in the New York County medical society bulletin:

"Few physicians can handle a rough-and-tumble press conference... The whole intent of the appearance should be to provide accurate and authentic medical information.

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Some of the society's other suggestions for the doctor on the airwaves:

"Guard carefully against unknown commercial sponsorship." Find out the names of your sponsors. Then ask yourself, "Is it in good taste for a physician to be sponsored by (you insert the name of the product)?"

¶ Make sure you'll be permitted to speak without being continually interrupted with commercial announcements.

"Seek the advice of your local county medical society . . . so that there may be no [suspicion] among your medical colleagues that your appearance is self-advertising, selfexploiting, or self-aggrandizing."

Avoid talking about your own patients or methods of treatment.

""Guard against a 'build-up' . . . of your accomplishments or titles. A good rule to follow is to allow mention of only one hospital or medical school affiliation."

#### This Septuagenarian Seldom Sits Down

Retirement age needn't land you in a rocking chair—as witness the light fantastic story of Dr. Gervase J. P. Barger. This Washington, D.C., specialist in physical medicine is a firm believer in a big-muscle activity. And at 74 he practices

what he still prescribes for his private patients.

His typical day begins with a one-hour hike before breakfast. In the afternoon he takes rumba and tap dancing lessons. And many evenings you'll find him whirling his 75-year-old wife around the dance floor.

"When age 65 forced my retirement as a teacher at Georgetown University," the doctor explains, "I began to be conscious of the forces that gradually put one out of circulation. So I looked around



Dr. and Mrs. Barger

for something to prevent rust of the muscles—and discovered square dancing."

Soon he felt the urge to broaden his dance vocabulary. So Dr. Barger enrolled in Arthur Murray's classes. There he mastered foxtrot, waltz, tango, rumba, samba, and jitterbug. And whenever he learned a new step, he hurried home and taught it to his wife.

Today, he and Mrs. Barger dance over a hundred different ballroom steps well enough to give public exhibitions. They've made several TV appearances as dancers.

Whenever he feels the need to burn up excess energy, Dr. Barger turns to his lifetime love: hiking. Ten years ago, as a member of the Potomac Appalachian Trail Club, he undertook a special project: an elevation profile map of the 260-mile trail from Harrisburg, Pa., to Waynesboro, Va. It took him twenty-six trips and two and a half years to finish the job. Since completing it, he has also mapped some sixty side trails.

Do such physical activities really benefit a septuagenarian? According to Dr. Barger, they not only help maintain health; they build rewarding social contacts as well. And they bolster morale. • To

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"In particular," he says, "the new skill acquired in ballroom dancing—the sense that one is not

for the DYSPEPTIC patient
AL-CAROID relieves hyperacidity
and aids protein digestion

Ordinary antacids inactivate pepsin and thus stop protein digestion, but an **in vivo** study by Tainter\* proves that AL-CAROID, by virtue of its Caroid® content, aids protein digestion while relieving hyperacidity.



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AMERICAN FERMENT CO., INC. 1450 Broadway, New York 18, N.Y.

\*Tainter, M. L., et al. Papain, Ann. New York Acad. Sc. 54.143-296 (May) 1951.

**AL-CAROID**®

antacid-digestant

# **New Weapon** Against Staphylococci

New soap germicide proved more effective than hexachlorophene against staphylococci, other skin pathogens.

 Todav's Lifebuoy soap contains an important new advance in soap germicides. This soap germicide, even more effective than widely-publicized hexachlorophene, is tetra-methyl-thiuramdisulfide—usually abbreviated to TMTD.

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Independent laboratory tests have shown that 1% TMTD-Lifebuov is considerably more effective than 2% hexachlorophene soap in reducing resident skin bacteria, comprised principally of staphylococci. Further testing proves TMTD-Lifebuoy extremely effective against a wide range

ly unaffected by hexachlorophene. For a full report without cost on the medical significance of TMTD-Lifebuoy, simply mail in the coupon below.

of other skin pathogens, relative-



Staphylococci. A comparison of 3 germicidal soaps and a control soap in inhibiting growth of Micrococcus pyogenes var. aureus on a nutrient agar plate. 1. 1% TMTD-Lifebuoy -large marked zone of inhibition. 2.2% hexachlorophene soap—little inhibitory effect. 3. 2% Bithionol soap-little inhibitory effect. 4. Control soap-no inhibitory effect.

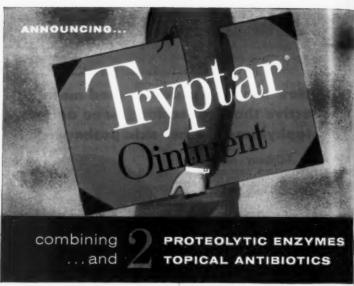
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NEW YORK	( 22,	N. Y.	

Please send me without cost your report to the medical profession on TMTD-Lifebuoy.

NAME. (Please write plainly or use printed label) STREET

ZONE

(Offer limited to U. S. and possessions)



#### for all skin conditions attended by necrotic tissue

What Tryptar Ointment is: Each gram of Tryptar Ointment contains:

Trypsin (crystalline) ...... 5000 Armour units

What Tryptar Ointment does—Skin lesions covered with pus, necrotic tissue, phagedenic membranes or eschars usually act as a nutrient medium for pathogenic organisms. Bacteria may be inaccessible to antibiotics.

In Tryptar Ointment, trypsin and chymotrypsin rapidly dissolve dead tissue without harming living tissue or retarding healing. The two topical antibiotics exert antibacterial action.

Indications: Superficial skin lesions: indolent ulcers; 2nd and 3rd degree thermal

THE ARMOUR LABORATORIES



and chemical burns; decubitus ulcers and other skin lesions with necrotic tissue, secondary infection, hard eachar of phagedenic membranes; acute and chronic otitis externa.

to dissolve necrotic tissue

for gram-positive and gram-negative

for easy removal

antibacterial action

Dosage: Apply 1-2 times daily. The ointment base usually prevents adherence of dressings to wounds. Two to 4 days treatment ordinarily will cleanse the wound and permit natural healing and epithelization. Large decubitus ulces may require more extended therapy. CAUTION: Federal law prohibits dispening without prescription.

A DIVISION OF ARMOUR AND COMPANY, KANKAKEE, ILLINOIS
Pioneers in tryptic therapy

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In Los specia It gave chance by pay sales of 7 or 8 pay).

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#### NEWS

too old to learn even involved physical skills—does something for aman at a time when his ego needs a boost."

#### Mutual Fund Shares at Bargain Prices

In Los Angeles about a year ago, a special investment plan was set up. It gave medical society members a chance to buy mutual fund shares by paying only about 2 per cent sales charge (compared with the 7 or 8 per cent that buyers usually pay).

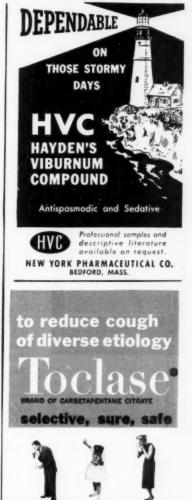
Reaction? Within ten months, local doctors bought more than \$1,000,000 worth of mutual fund shares through the new plan. And they'll get an even better bargain on future purchases: Now that the million mark has been reached, the sales charge is only 1½ per cent.

#### How Your State Medical Society Dues Compare

Want to see how the dues you pay your state medical society stack up against dues in other states? The figures in the following table are those for 1956, as revealed by a Michigan State Medical Society survey. Note that Nevada is hardest on the purse (at \$100 a year) and that Alabama, Ohio, and South Carolina are the easiest (at \$20). The current national average works out to \$42.

Other points of interest:

The South has the lowest re-



MEDICAL ECONOMICS · NOVEMBER 1956 3

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If you merch you're

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Breaking the itch-scratch-itch cycle is essential to control of pruritus ani. Topically applied Hydrolamins Amino Acid Ointment relieves itch with anesthetic speed—but without danger of tissue reaction.

In a series of 100 unselected sufferers from pruritus ani, the author\* reported "Relief... experienced immediately in 98 cases."

Moreover, in 88% of cases, "Within a few weeks' time there is every appearance of normal skin."

## HYDROLAMINS®

AMINO ACID OINTMENT

Hydrolamins offers an isotonic, specially selected combination of amino acids derived from lactalbumin in a vehicle of polyethylene glycol 1500. Hydrolamins buffers against local (bowel) irritants. It does not contain local anesthetics ("caines") or astringents.

SUPPLIED in 1 oz. (28 Gm.) tubes.



PHARMACEUTICAL COMPANY

CHICAGO 14, ILLINOIS

\*Bodkin, L.G., and Ferguson, E.A., Jr.: Successful Ointment Therapy for Pruritus Ani, Am. J. Digest. Dis. 18:59 (Feb.) 1951.

gional average—about \$28—while the North Central states have the highest—about \$62.

¶ Dues are still on their way up. At least six states report they'll be raising the ante for next year. None apparently plans to lower it.

#### Must You Accept Unwanted Mail?

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If you're bothered by unwanted merchandise arriving in the mail, you're not alone: Some 200 large mailers are now reported to be showering the American public with unordered novelties, books, records, and apparel.

About one-quarter of these shippers are nonprofit organizations religious, charitable, or patriotic; the other three-quarters are commercial outfits. The latter group includes many of the high-pressure operators, some of whom will even threaten you in an effort to collect for unordered items.

What can you do about it? Here's what Business Week advises: When the postman delivers a piece of

#### **State Medical Society Dues**

Ala.	\$20	Kan.	\$40	Nev.	\$100	S.C.	\$20
Ariz.	60	Ky.	35 .	N.H.	40	S.D.	75
Ark.	25	La.	50	N.J.	30	Tenn.	25
Calif.	50	Me.	60	N.M.	70	Tex.	50
Colo.	50	Md.	30*	N.Y.	25	Utah	50
Conn.	28	Mass.	35	N.C.	40	Vt.	35
Del.	50	Mich.	45	N.D.	75	Va.	25
Fla.	40	Minn.	40	Ohio	20	Wash.	35
Ga.	25	Miss.	35	Okla.	42	W. Va.	25
Idaho	40	Mo.	25	Ore.	40	Wis.	65
111.	40	Mont.	54	Pa.	40	Wyo.	25
Ind.	30	Neb.	35	R.I.	50	D.C.	50
Lowe	60						

<sup>°</sup> For Baltimore members, \$50. Source: Michigan State Medical Society survey.

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WHO SUFFERS
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mail you don't want, simply write "Refused" across it and hand it back unopened.

Even if you don't do this, your obligations are at a minimum. The magazine quotes the Better Business Bureau to explain: "Recipients of unordered merchandise are not obligated (1) to acknowledge its receipt; (2) return it; (3) pay for it unless used; (4) give it particular care; (5) keep it beyond a reasonable length of time."

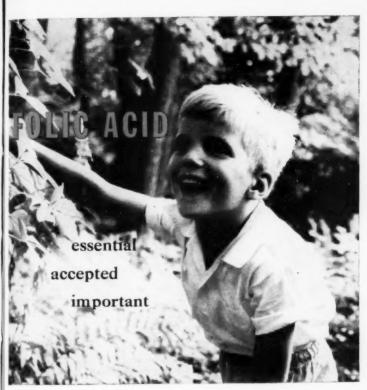
To be safe on this last count, you can always hold onto such merchandise a while. You're supposed to hand it over to the shipper if he sends someone to pick it up within "a reasonable length of time." But even if he does, you don't have to turn it over until he pays you storage charges.

#### Closed-Panel Medicine Gets a Setback

Is closed-panel medical care the coming thing? Not according to the experience of one of the country's pioneer closed-panel programs. The 44-year-old Employes Mutual Benefit Association of the Wisconsin Electric Power Company has announced the completion of a shift to free-choice medical care.

th

The E.M.B.A. covers some 5,000 member-employes of Wisconsin Electric and four affiliates, together with their dependents, distributed over half of Wisconsin and Northern Michigan. For some five years it has been paring down



look for it in the multivitamins you prescribe!

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Once you determine that a particular patient will benefit from a dietary supplement, and that all essential vitamins are indicated, choose a multivitamin product that fully meets your requirements. Make certain the preparation you prescribe contains Folic Acid, an essential member of the B-complex family.

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### controls nausea and vomiting in obstetrics

Reduces vomiting during all 3 stages of labor

'Thorazine' reduces both the incidence and severity of nausea and vomiting, lessening a potential anesthetic hazard without harmful effect on mother or child.1

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By controlling post-partum nausea and vomiting, 'Thorazine' speeds the patient's return to normal eating habits, resulting in a brighter outlook and often a shorter hospital stay.

'Thorazine' is available in ampuls, tablets and syrup, as the hydrochloride; and in suppositories, as the base.



Karp, M., et al.: Am. J. Obst. & Gynec. 69:780 (April) 1955.
 Smith, Kline & French Laboratories, Philadelphia

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services of salaried doctors. And it's now completing the first year of an entirely free-choice surgical program, with a schedule of fees ranging up to \$400.

A major reason for the shift away from closed panels is the subspecialization of medicine, says Dr. John T. Klein, who heads the E.M.B.A. medical board of gov-

#### **Handy House-Call Records**



Looking for a short cut in transferring house-call data to case-history cards? Dr. Louis J. Polskin of Lakeland, Fla., has hit on one answer: He jots down information about house calls on gummed labels that can later be pasted directly on the appropriate case-history forms in his office.

The gummed labels (3 3/4" x 1 3/8") come in rolls of 250. Dr. Polskin tears off a few sets of five, punches three small holes in the top label of each set, and inserts the sets in a three-ring pocket notebook. He sometimes gets all the pertinent data about a call on one label, sometimes needs to use two or three.

In the two-and-a-half years he's been using them, he's had no trouble with labels sticking together. He puts only a few sets in the book at a time and uses them quickly. The labels have a good adhesive that will last for years.

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THUM broke the habit and teeth returned to normal position in 9 months.



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Available from your drug store and surgical dealer for over 20 years.

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ernors: "It became increasingly difficult to provide all the specialist services demanded or expected by employes."

Dr. Klein notes another reason for the closed-panel close-out: Employes live farther from their jobs, and they travel farther and more frequently on vacation trips. So the old plan "worked a hardship...when an employe...was taken ill while far away from the panel physician."

The first flaws in the closedpanel program appeared some years ago, when obstetric patients complained about being required to change doctors "in midstream" whenever they moved from one of the E.M.B.A. districts to another.

Further problems were raised by broadening coverage—which by 1951 included minor surgery specialist consultation, and postoperative care. Panels big enough for such added services existed in only a few localities. As a consequence, the E.M.B.A. had to arrange for payment of nonpanel private doctors everywhere else.

Finally, a year ago, the freechoice surgical program came into being.

Thus, in one direction or another, "we've seen the old closed-panel idea going by the board," says Dr. Klein. But the company still maintains—and has even expanded—its in-plant medical clinic. This offers laboratory services, X-ray diagnostic service, dental examinations, and emergency

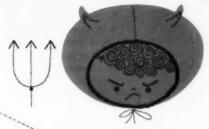
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Meyenberg Goat Milk is nutritionally equivalent to evaporated cow's milk in fat, protein and carbohydrates.

Specify Meyenberg Goat Milk First Evaporated in 14-ounce enamel-lined, vacuum-packed cans. Powdered in 14-ounce, vacuum-packed cans.

For further information write:

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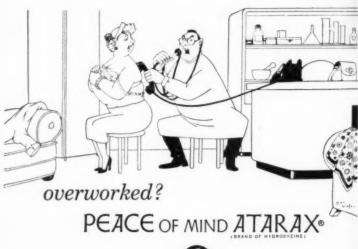
#### Are Nonmedical Issues Medicine's Affair?

Organized medicine sometimes takes stands on such political issues as the Bricker Amendment. But should it? Dr. Albert W. Plummer of Lisbon Falls, Me., doesn't think so. In a letter to his state society's journal, he takes exception to a recent statement made by A.M.A. President-elect David B. Allman.

Dr. Allman had advocated that the A.M.A. and the American Legion pool their political pressure "not only in matters of health but in the whole range of considerations which relate to the betterment of our country and our way of life."

Here's how Dr. Plummer reacts to this: "These outside issues are no business of the Legion or the A.M.A."

For guidance, Dr. Plummer cites the constitution of his county medical society: "The purposes of this Association are to promote the science and art of medicine, the protection of the public health, and the betterment of the medical pro-



Chicago 11, Illinois

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ets re he es dis fession . . ." Since the objectives of the A.M.A. are identical with these, "I do not find warrant for cooperation with anybody on matters, aside from health, relating to the betterment of our country."

Nonmedical affairs, concludes Dr. Plummer, are "the business of the American people and should be decided without attempted pressure from self-appointed guardians. If . . . all organizations and groups attend only to their own affairs, some semblance of order may replace the present social, political, and economic chaos."

#### Your Travel Rx Is Held Tax-Deductible

If you tell a patient he must take a vacation trip for his health, he may legally deduct the transportation costs on his next Federal income tax return. Such costs are considered an "essential" medical expense for any travel prescribed by a doctor in order to prevent or alleviate illness.

That's the gist of a recent Tax Court decision. The court ruled on the "somewhat borderline" medical deductions claimed by a taxpayer in connection with his wife's mental illness. Here's the story, as summed up by Prentice-Hall, Inc.:

One disputed item was the cost of the woman's cross-country trip to visit her sister. Her physician had recommended the visit for its possible therapeutic value. The idea didn't work, and the patient had to be hospitalized. But the court declared the transportation costs deductible.

It also allowed the rental costs of a car that took the woman for regular drives during her hospitalization. The reason: Her doctor had recommended such drives as a therapeutic measure.

#### Cards for Coronaries?

An Ohio doctor has recommended that coronary patients be required to carry special identification cards. Among other things, the cards would list the patient's name and address, his doctor's name and address, a simple statement of his ailment, and suggested emergency treatment.

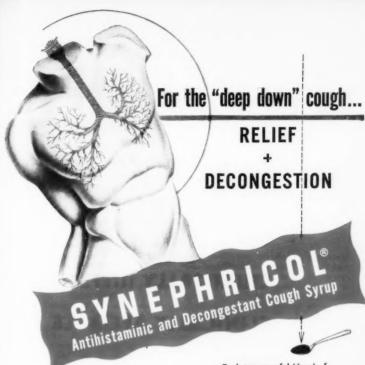
Why this procedure?

Explains the physician: If a coronary patient suffers a public attack, and if it's mistaken for drunkenness or epilepsy, he may receive treatment detrimental to his health.

#### State Welfare Program Alienates Doctors

Still another state-subsidized medical care program is being rocked by disagreement. It's the old conflict between doctors who think primarily of quality of care and public officials who think primarily In

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In the tight, uncomfortable bronchial cough accompanying colds, influenza or bronchitis, Syncphricol provides the decongestion necessary to permit free breathing and elimination of excess mucus.

Synephricol is expectorant, and more it thins the viscous mucoid bronchial secretions, and it decreases bronchial irritation by sympathomimetic and anti-allergic action. Each teaspoonful (4 cc.) of pleasant flavored Synephricol contains:

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Potassium guaiacol sulfonate	0.0	mg.
Ammonium chloride7	0.0	mg.
Menthol	1.0	mg.
Chloroform	0.02	CC.
Alcohol	8%	

Exempt narcotic

Average adult dose: 1 or 2 teaspoonfuls every two to four hours. Supplied in bottles of 1 pint and 1 gallon,



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An oral antihypertensive that is

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NVERSINE,' a secondary amine, is tive leve new and extremely potent antihype schieved tensive agent. It is totally unlike the Furth poorly and erratically absorbed gutrials, i glionic blockers of the quaternary # 92%, an monium type and has the following normot clinically demonstrated properties: found 'I

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Gradual onset of effect.

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1. Effective even in patients refractory to hexamethonium and other ganglionic blocking agents.

In all these respects, 'INVERSINE' differs greatly from all other available anglionic blocking agents and is, in effect, in a unique category among anti-hypertensives.

#### CLINICAL STUDIES

INVERSINE' has been used by many investigators on thousands of patients. In all this clinical work, this new and very potent agent has amply fulfilled its aboratory promise. By demonstrating reproducibility, high potency and smooth effectiveness with minimal fluctuation—all resulting directly from its complete absorption from the gastrometes the contestinal tract—'INVERSINE' has successfully circumvented many of the bijections to the use of ganglionic lockade in hypertension.

In the opinion of one reviewer "...
the most useful ganglionic blocking
ligent to be introduced is mecamylamine
('INVERSINE')... This drug is completely absorbed when given by mouth
and has such a gradual onset and offset
of action that a continuous and effece, is tive level of blockade can readily be
hyperachieved..."

ke the Further, in one of many clinical d gal trials, † "The over-all response rate was roy an 92%, and 24% of the patients became lowin normotensive." Investigators have ies: found 'INVERSINE' to be "... the most flects potent and effective of the three drugs in reducing the blood pressure..." time ['INVERSINE' and two other ganglionic an blocking agents.]2

her Moreover, following ganglionic blockade with 'INVERSINE,' some patients with hypertension may experience relief of pre-existing headache and angina pectoris. Many patients with retinopathy, congestive heart failure and electrocardiographic abnormalities, have shown signs of improvement during treatment with 'INVERSINE.'

'INVERSINE' was thus shown to be most valuable in the management of hypertensive vascular disease.

#### SIDE EFFECTS

'Inversine' (mecamylamine), though comparatively nontoxic, is a very potent agent which must be used with care. Side effects observed during clinical use are due to excessive pharmacologic action. They may be minimized by careful adjustment of dosage and close supervision of the patient.

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Judged by any standard 'INVERSINE' (mecamylamine) is the most satisfactory agent in the treatment of hypertension by ganglionic blockade. It is the most potent and most reliable oral agent for the management of hypertension.

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1. Sturgis, C. C., et al.: Advances in Internal Medicine, J. Michigan M. Soc. 55:154 (Feb.)

Moyer, J. H. et al.: Drug Therapy of Hypertension: Preliminary Observations on the Clinical Use of Mecamylamine (A Ganglionic Blocking Agent) in Combination with Rauwolfia for the Treatment of Hypertension, Med. Rec. & Ann. 49: 390 (Sept.) 1955.

† In this clinical trial all patients were given, in addition to one of the ganglionic blocking agents, a constant daily amount of reserpine.

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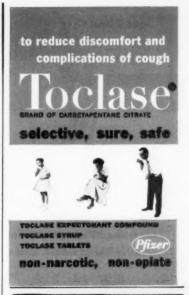
X-rays

of economy of care. Amid countercharges of official ineptitude and "despicable" unconcern for the poor, a number of Seattle's medical men have already resigned from their local indigent-care program.

Why are they resigning? Because, they say, they no longer find it possible to give proper care to King County welfare patients. Here, as reported to MEDICAL ECONOMICS by Urologist Louis J. Scheinman, are incidents typical of those that have caused widespread resentment in medical circles.

¶ Dr. Theodore W. Houk sent the state a bill for diagnostic tests he'd felt an indigent patient needed. The bill was disallowed on the ground that "we are not providing maximum medical care, but rather minimum essential care... Such extensive investigative studies might well be indicated in a research program . . . [but not] under the Medical Care Program, particularly in an 81-year-old individual."

AN 88-year-old man came to Dr. Herbert L. Hartley complaining of cough, shortness of breath, edema of the ankles. His hemoglobin was 9.9 grams and he was obviously losing blood. Dr. Hartley asked the state to authorize X-rays so he could check for cancer of the gastrointestinal tract. They were disallowed as and unnecessary. Only after endless explanations and appeals were X-rays finally authorized—two months later. [MORE]







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References: 1. Galambos, A.: Angiology 5:449 (Oct.) 1954; 2. Leake, C.D.: Ohio State M.J. 52:369 (April) 1956; 3. Moyer, J.H. et al.: A.M.A. Arch. Int. Med. 96:530 (Oct.) 1955.

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The county health authorities not only "didactically" cut in half the number of visits Dr. J. Harold Brown requested for a patient: they also reduced the amount of material requested for injection. Says Dr. Brown: "It has always amazed me that someone sitting in an office can reduce the number of calls requested by a physician, without actually having seen or interviewed the patient . . . I haven't even bothered to bill the State Department of Public Assistance for at least 35 per cent of the calls made by welfare recipients here."

"Such things and worse are of daily occurrence," comments Dr. Frederick B. Exner, president of the King County medical society. "But they are mere surface manifestations of a much more serious malady...

"The plain fact is that the state has undertaken to do something that can't be done. It has written a law which cannot be administered. Doctors, patients, and the public are all being ground to pieces between the millstones of incompatible objectives."

The King County welfare program differs from the type used throughout the rest of Washington. Partly for that reason, says Dr. Scheinman, "the mess hasn't had the publicity it deserves. But just about every practitioner in our county has had some experience with capricious and arbitrary decisions by local welfare-plan administrators."

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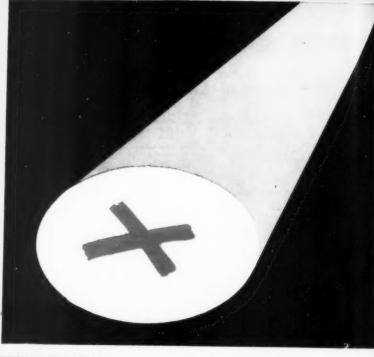
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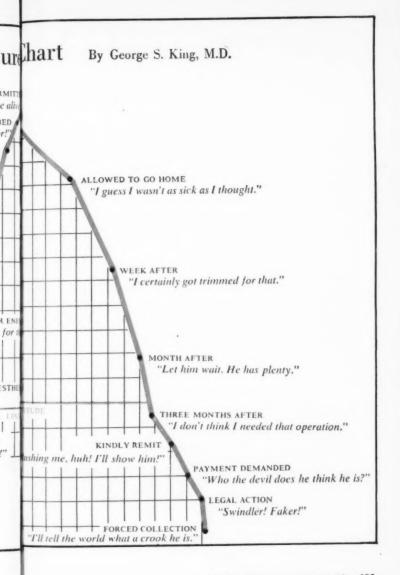
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# Human Natur har

"T'll te

ALCOHOL PERMITT "It certainly is great to be aliv OUT OF BED "I'm in luck. What a doctor!" BATH ROOM PRIVILEGES "Ain't nature grand?" SITTING UP "That doctor is a wizard! VISITORS "So I said to him STITCHES REMOVED "Not so bad." FIRST SMOKE "What a relief!" FIRST REAL MEAL "Um-'mm, that was good." PASSED GAS AFTER EN "Thank heaven for I ORANGE JUICE RETAINED "I'm going to make the grade after all." RECOVERY FROM ANAESTHE "So far, so good." DAY OF ENTRY TO HOSPITAL "I'm the sickest man in the world." "Hope I live through it!" ushing PROPER TIME TO MAKE FINANCIAL ARRANGEMENTS A PSYCHOLOGICAL MOMENT TO RENDER BILL



# Memo

#### It's Human Nature

I'd like to call your attention to the Human Nature Chart reproduced on the preceding pages. It shows how the patient feels, at each stage of his sickness and convalescence, about the doctor and the doctor's fee. It first appeared in the May, 1934, MEDICAL ECONOMICS. And after twenty-two and a half years, we're still being asked for reprints.

The Human Nature Chart was created by Dr. George S. King of Bayshore, Long Island, N.Y. He still gets requests for it, too. Over the years, he reports, more than five hundred doctors have asked him for copies.

Dr. King has sent reprints "practically all over this earth," he says: to England, France, North Africa, South America, and of course to a great many American and Canadian addresses. Twice, he tells me, his own framed copy has been stolen from his office.

The chart has been reprinted in mass-circulation magazines like Pageant and in metropolitan newspapers like the New York WorldTelegram and Sun. A Boston pub lisher used it in a book on general business procedure. The gradua ting class at a western medical col lege received copies of it along with their diplomas. It's been dis tributed by the New York Count medical society to all its members and at Christmas time by the Roya Medical Society of Australia.

Why this widespread interest is a chart published more than twee ty-two years ago? I've wondered because by now it's clinically quit out of date.

Dr. King's answer is that though "post-operative technique has great ly changed since the chart wa made, human nature remains the same." And so, he adds, does the nature of MEDICAL ECONOMICS: prints things so true to life the doctors can't help but remember them."

When a printed page is remembered for years, it tells us that something of human nature mus have been caught up in the tell and rubbed off on the reader. As it the case of Dr. King's Human Na ture Chart. - LANSING CHAPMAN